**DOCTORAL THESIS**

# "Being a professional chameleon"
# Working with children as a counselling psychologist

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# ‘Being a Professional Chameleon’: Working with Children as a Counselling Psychologist

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A thesis submitted in partial fulfilment of the requirements for the Doctorate in Counselling Psychology (PsychD)

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# Glossary of terms

| | |
|---|---|
| ACP: | Association of Child Psychotherapists |
| BACP: | British Association of Counselling and Psychotherapy |
| BMA: | British Medical Association |
| BPS: | British Psychological Society |
| CAMHS: | Child and Adolescent Mental Health Services |
| DCoP: | Counselling Psychology Division |
| CPR: | Counselling Psychology Review |
| DfES: | Department for Education and Skills |
| HPC: | Health Professions Council |
| ONS: | Office for National Statistics |
| UNICEF: | United Nations Children's Fund<br>(formerly United Nations International Children's Emergency Fund) |

# Definition of terms

**Children:**

There is no single law that defines the age of a child across the UK. The term 'child/ren' is used in this study to include anyone up until the age of 18 years. This definition is based on the United Nations Convention on the Rights of the Child, ratified by the UK government in 1991, which states that a child 'means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.' (United Nations, 1989, p. 2).

In order for the reader to have a clear understanding of the 'professionals titles' used in the thesis the researcher felt it was important to define the 'standard' training for these professions at the outset. Exceptions to the rule do apply.

**Counselling Psychologist:**

To use the title 'Counselling Psychologist', counselling psychologists need to be registered with the HPC as of 2009 (BPS, 2011a).

This now involves:

- Obtaining the Graduate Basis for Chartered membership (GBC, formally known as Graduate Basis for Registration, GBR) by completion of a BPS accredited degree or conversion course (1–4 years).
- Completing a Doctorate in Counselling Psychology (or equivalent – for example, the BPS independent route qualification) that has been approved by the Health Professions Council (HPC).

**Clinical Psychologist:**

To use the title 'Clinical Psychologist', clinical psychologists need to be registered with the HPC as of 2009 (BPS, 2011b).

This involves:

- Obtaining the GBC by completion of a BPS accredited degree or conversion course (1–4 years).
- Completing a Doctorate in Clinical Psychology that has been approved by the HPC.

**Educational Psychologist:**

To use the title 'Educational Psychologist', educational psychologists need to be registered with the HPC as of 2009 (2011c).

This involves:

- Obtaining the GBC by completion of a BPS accredited degree or conversion course (1–4 years).
- Completing a Doctorate in Educational Psychology (or equivalent) that has been approved by the HPC.

In the USA 'Educational psychologist' is divided up into school psychologists (working in schools) and educational psychologists (working in education departments). In the UK this distinction is not made.

**Child Psychotherapist:**

This involves a six-year training at graduate-entry; First, a two-year course in infant observation. Then a four-year doctoral level clinical training based full-time in

multidisciplinary NHS Child and Adolescent Mental Health Services (CAMHS) or other suitable settings (Association of Child Psychotherapists, ACP, 2010a).


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# Abstract

Children's well-being is an extremely relevant topic at the moment both culturally and politically. Counselling psychologists complete training that includes a diversity of clinical and research approaches though these focus mainly on adults and neglect children**.** This study aimed to explore the construction of counselling psychologists' experiences of, and perceived contribution to, working with children. Charmaz's (2006) social constructivist version of the original grounded theory method was employed. Purposive sampling was used to recruit participants from the British Psychological Society's website. Participants also self-selected for the study. Eleven individuals who were chartered counselling psychologists and had experience of working with children therapeutically were interviewed. Intensive interviewing was employed and the interviews were audio-taped with a typed transcript of each produced. Data analysis revealed a central concept which the researcher termed 'Being a Professional Chameleon', which gained expression through the subcategories of 'Adapting to Working with Children', 'Professional Selves' and 'Training and Competency of Working with Children'. The findings are discussed in relation to related literature, counselling psychology training and career paths. Implications for the counselling psychology profession are discussed, including suggestions for future research and clinical practice.

**Keywords**: children, counselling psychology, counselling psychologist, grounded theory, social constructivist, mental health

# 1. Introduction

> **Meeting the psychological, emotional and mental health needs of children and young people is essential in achieving an emotionally healthy society.**
>
> (Richards, Cooper & Tatar, 2009, p. 135)

## 1.1 Context and rational for the study

This research project is concerned with exploring how counselling psychologists construct their experience of working with children. Children's well-being is an extremely relevant topic at the moment both culturally and politically, in the UK and worldwide. Since 2006 a state of 'moral panic' has engulfed the nation and its politicians after the *Daily Telegraph* published an open letter written by House and Palmer (2006) and signed by over 100 prominent public and professional figures stating an urgent need for an informed public debate concerning the state of childhood today. The following year, another open letter was published entitled 'Let our children play' (House & Palmer, 2007), this time signed by approaching 300 professionals, outlining the importance of play and how it is being eroded in modern society. These letters have prompted research and further discussion around what Palmer (2006) has controversially termed 'toxic childhood'. In a recent report by the United Nations Children's Fund (UNICEF, 2007) has further fuelled this concern by highlighting the extent of the problem, with very unfavourable international comparisons of Britain's children's well-being. Dramatic examples are the rise of Attention Deficit Hyperactivity Disorder (ADHD) diagnoses and associated Ritalin prescriptions, and also the increase in anti-depressant prescriptions for children (Robertson, 2007). These concerns have been further illustrated by *The Good Childhood Inquiry* published in early 2009 (Layard & Dunn,

2009), which outlines the importance of working together as a society to understand how best to help today's children.

## 1.2 Relevance and contribution to counselling psychology knowledge

A full critical review of the literature will be presented later in this study. An initial analysis of the relevant literature found that there are certainly many shortcomings of, and lacunae in, the existing research available concerning working with children in counselling psychology. In fact there has not previously been any significant research conducted on counselling psychologists working with children in the UK. This highlights a serious gap in the literature, when seen in the context of the growing cultural emphasis on children's well-being. The dearth of research in this area within Counselling Psychology to date is perhaps at least, in part, due to the relatively few counselling psychologists who currently work with children in the UK (Davy & Hutchinson, 2010). What research does exist in counselling psychology has tended to focus on counselling psychologists who work with adults and in adult services. The initial analysis of the literature by the author provided the impetus to explore the reasons for these deficiencies in the counselling psychology literature.

Counselling psychology is a relatively new and evolving applied psychology discipline. It was not until the 1980s that the British Psychology Society (BPS) recognised the strength of the counselling movement. However, it was not granted chartered status and its own division in the BPS until 1994 (Collins & Murray, 1995). The applied psychologists who work with children are clinical psychologists, mainly in the National Health Service (NHS) and educational psychologists in schools or education departments. Unlike clinical and educational psychologists, counselling psychologists are not linked with any particular institution such as the NHS or schools therefore they have the potential to work with children in a wide array of settings (Davy & Hutchinson, 2010).

'More than ever before the stage is set for additional counselling to be provided for children and adolescents' (Kegerreis, 2006, p. 405), yet still the majority of counselling psychologists choose to work with adults once they qualify (James, 2004). There may be a number of reasons why counselling psychology has remained an adult-centric professional approach, and has not to date embraced the emerging crisis in children's well-being and mental health. Firstly, the bulk of counselling psychology programmes in the UK do not provide compulsory modules on working with children, and secondly, it is not a requirement to work in youth settings on placements. Thirdly, on many programmes those trainees who do decide to take on child placements are only allowed to count a certain percentage of these sessions towards their client hours (e.g. Roehampton University - 25% of hours, City University- 50% of hours). It might be that this deters trainee counselling psychologists from working with children. This, ultimately, means that there are fewer posts in child work and, consequently fewer training placements, fewer counselling psychologists with experience of such work within the Division of Counselling Psychology (DCoP), and fewer running training courses. This is an indication that working with children is not actively encouraged.

As declared almost two decades ago, counselling psychology's 'primary mission is… to celebrate its product and seek to explore ways in which this can be spread more widely' (Woolfe, 1990, p. 532). In order to remain true to its stated goals and remit, it seems that counselling psychology needs to embrace this important age group. As Williams (2009) states, 'no-one can ignore the fact that a serious debate about the welfare of children has at last begun in our society' (p. xv). It is arguable that both the psychology field in general, and the counselling psychology field in particular, have failed to keep up with the rapidly changing cultural trends around children's mental health and well-being needs – in terms of both professional development and training issues, and also with regard to research.

## 1.3 Transparency and position of the author

The author is coming from a post-modern social constructivist viewpoint. From this position the aim is to account for the ways in which phenomena are socially constructed (Charmaz, 2006). Constructivism encompasses various positions, however all constructivists share a common epistemological scepticism about the nature of 'objectivity', and harness the view that knowledge is contextual and historical. It is concerned with language and the construction of meaning, rather than with the measurement and prediction of behaviour. The author has adopted and used Charmaz's (2006) constructivist revision of grounded theory, which is particularly well suited to the authors own epistemological orientation due to Charmaz's (2006) acknowledgement that any theoretic rendering offers 'an interpretive portrayal of the studied world, not an exact picture of it' (p. 10). Charmaz (2000), amongst other qualitative researchers (e.g. Stiles, 1993), suggests researchers should openly acknowledge the influence of prior work or experience on their particular perspective. Therefore it seemed helpful at the outset to outline the author's position and her interest in this area, in order to limit potential bias and enhance the credibility of any research findings.

Part of the motivation for examining this subject arose from working with children, mostly in teaching roles, for many years and observing how much children's psychological well-being could be influenced by their environments. The author's interest in this was further enhanced through her placements as a trainee counselling psychologist. Through her work at a university counselling setting the author immediately noticed that the majority of students that came for counselling were coming with issues that stemmed from childhood experience, such as bullying at school, abuse or neglect at home. As a result, the author became increasingly convinced that psychological interventions at an early age could potentially prevent mental health problems in adulthood, and she therefore decided to apply

for a child placement with this preventative goal in mind. The author was struck by how little emphasis was placed on children on her counselling psychology training course and that she was only allowed to count 25 per cent of the hours working with children for her course practice requirement. Despite the latter limitation she joined 'Place2Be', a school-based counselling and play therapy charity which has been set up throughout the UK. Through this work the author noticed the difference that could be made to the lives of many troubled children. She also became increasingly aware that even though the counselling psychology training did not seem to encourage trainees to work with children there were many transferable skills she could incorporate into this work.

As a result of these experiences the author decided that she wanted to explore and gain more insight and knowledge about the role that counselling psychologists play, and could play, in school settings and prevention. In a preliminary investigation, aiming to find out how many counselling psychologists worked in schools, the author emailed all chartered counselling psychologists on the BPS website who had advertised that they worked with children. She found a dearth of such practitioners, with the few counselling psychologists who did email back working in various other youth settings. The author therefore decided to broaden her research to include counselling psychologists working with children in any context to explore where counselling psychologists were working with children, as there seemed to be a lack of them despite an evident need. During this initial process she wrote an article in the *Counselling Psychology Review* (CPR), the DCoP's monthly journal, raising her concerns (Riha, 2010).

## 1.4 Organisation of the study

The remainder of the study is organised into five chapters, a bibliography and appendices. Chapter 2 presents a preliminary review of the related literature. The author

thought that the literature review should be positioned next in order to develop the background and provide a wider context of the study for the reader, even though the additional in-depth review of the literature was only carried out once the analysis began, following Glaser (1978) and then Charmaz's (2006) recommendations.

The review begins with an exploration of child mental health difficulties in the UK, paradigms of child mental health needs, current interventions and the provisions that are available. What follows next is a brief look at the debate surrounding whether or not specialist training is needed to work with children, together with the controversial idea that training does not necessarily directly lead to competence (e.g. House, 2010). It then goes on to look at the nature and training of counselling psychology and how this profession can help this particular client group. The author then explores the evolving notion of identity and professional identity, and how this has been constructed in counselling psychology. This leads on to the researcher exploring whether there is a role for counselling psychologists working with children, with specific reference to schools and the NHS. Finally, the aims and research question are laid out.

Chapter 3 explains, examines and gives a rationale for the choice of method. This includes a brief comparison of quantitative and qualitative methodology, followed by the choice of qualitative method, a history of the chosen method (grounded theory), and the rationale for selecting the social constructivist revision of grounded theory. This chapter finishes with a discussion around the reliability and validity of qualitative research.

Chapter 4 describes the method. This comprises a description of the participants, the recruitment process, and a constructivist approach to interviewing, including the counteracting of power imbalances in the interview relationship. Ethical considerations of the

study are then discussed, followed by a section on the author's reflexivity, the pilot interview and what was learnt through it, and finally the data analysis procedure.

Chapter 5 contains the analysis of the research data. This encompasses the emergent core category, the subcategories and the participants' quotations which lead to the themes. Examples of how the researcher constructed the subcategories are illustrated in order for the research to be as transparent for the reader as possible.

The study concludes in Chapter 6 with a discussion of the results and their relation to previous findings, future research recommendations, exploring the research and clinical implications of the findings for counselling psychology, and providing a final conclusion to the study.

# 2 Literature review

This review focused on three main sections: child mental health and psychological well-being in the UK; the debate surrounding specific training to work with children, and the related issue of the professional identity of counselling psychologists; and the role counselling psychology can play with children in various contexts. Finally in this chapter, the aims and research questions of the study are set out. This is a large topic area, and due to word limitations the author had to remain particularly focused when constructing this literature review and therefore could not go into as much depth as she would have liked.

## 2.1 Child mental health and psychological well-being in the UK

This first part of the review starts with an exploration of the multiplicity of terms used to describe mental health and psychological well-being and discusses their contested nature. This is followed by consideration of the epidemiological evidence of mental health problems in children. Next, the importance of early intervention and prevention are explored, especially in relation to children who are particularly vulnerable. Following this, the main paradigms for understanding children's mental health needs are considered. This is linked with the current interventions used for helping children, including pharmacological methods and therapeutic interventions. The section ends with an exploration of the effectiveness of provision for children's mental health needs.

### 2.1.1 Defining child mental health and psychological well-being

Both mental health and psychological well-being are social constructs that are fluid in nature and have ever-evolving and culturally and historically contextual kinds of definitions. Weare (2004) has argued that often mental health and well-being are used interchangeably.

She suggests that the former still creates unease in many who still see it as ‘a euphemism for mental illness’ (p. 7) and therefore the latter’s usage instead or alongside the concept mental health ‘can remove some of the anxiety...and help lose some of its medicalised and negative connotations’ (p. 8). Child and Adolescent Mental Health Services (CAMHS, 2008) have highlighted the range of terms used to describe mental health and psychological well-being, including emotional health, emotional and social well-being, behavioural, emotional and social difficulties from the special educational needs perspective and the terminology used in social care (p. 7). Unsurprisingly, Weare (2004, p. 8) suggests that the concept chosen by practitioners often depends on the predominant approach of the professional discipline from which they originate.

Definitions of ‘well-being’ vary, ranging from overall reports of ‘happiness’ or ‘life satisfaction’, through to more in-depth consideration of psychosocial measures and hence ‘there is still considerable ambiguity around the definition, usage and function of the word’ (ONS, 2009, p. 2). For the purposes of this research the focus will be more on ‘psychological well-being’. The Mental Health Foundation (1999) describes psychological well-being as an intra-personal state, which both generates and is generated by good mental health and interpersonal relationships. It suggests that in psychological well-being, a person’s behaviour, cognition, emotions and social interactions are all congruent and in line with what might be expected for their age, experience and circumstances.

There are various ways of constructing mental health in children. Dogra, Parkin, Gale and Fake (2002) suggested that the concept of ‘mental health’ should be considered to be on a continuum between mental (or psychological) well-being and mental illness, so ‘at one end of the spectrum is complete mental health and at the other severe mental disorder’ (p. 18). Dogra et al. (2002) argue that the precise point determining where someone moves from mental health to mental ill health cannot be clearly defined, as behaviours that are considered

normal and healthy in one context and culture might be considered abnormal in another. This definition might be criticised by those who use a diagnostic approach, such as Scott (2002), for not attempting to define and detail the thresholds of behaviour, cognition and emotion that underpin mental health and psychological well-being and those typical of mental health problems, disorders or illness. Nevertheless, the definition does importantly recognise the breadth of potential mental health needs and the reciprocal interaction between a child, their social context and culture in determining mental health needs and, as such, it is one that will be broadly adopted in this thesis.

Office for National Statistics (2005) uses the term 'mental health disorders' as 'implying a clinically recognised set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions' (p. xx). Mental Health Foundation (1999) also use the phrase to describe a '"disturbance in functioning"... When a problem is particularly severe or persistent over time, or when a number of difficulties are experienced at the same time' (p. 6). Wakefield (1992) argues that the definition of mental disorder 'lies on the boundary between the given natural world and the constructed social world' (p. 373). This therefore suggests that it can be seen as both a social and a biological construct. The psychiatrist Freeth (2007), who has argued for a person-centred approach in mental health care, values this way of defining it, believing that a less medicalised way of approaching mental health is important.

For the purposes of this thesis, mental health and psychological well-being will be used interchangeably and in their positive sense.

### 2.1.2 Evidence of increased mental health need in children

Children up to the age of 18 years represent 20 to 25 per cent of the total UK population (Downey, 2003). One in every ten of this particular group has a clinically

recognisable mental health disorder, according to the ONS Health Survey in 2004 (ONS, 2005, p. xxi). The survey also found suicide to be the second largest cause of adolescent death. Research carried out by the *National Society for the Prevention of Cruelty to Children* found that a third of children spend time worrying about various issues, and over half did not have anyone to talk to about their concerns, and found this difficult (Featherstone & Evans, 2004). Also a recent survey carried out by UNICEF (2007) reports that children in the UK are the unhappiest in Europe, and worldwide, only children in the United States ranked lower than the UK. Although such cross-cultural research on levels of well-being is far from being either straightforward or uncontroversial, still more recent research from the Child Poverty Action Group adds support to the UNICEF findings, ranking children's well-being in the UK at 24th out of a list of 27 countries in Europe, which also included Norway and Iceland (Goddard, 2009).

However, it should also be noted that whilst the increases reported in mental health problems may be due to real changes in the mental health of the child population, another explanatory factor could be changes in the socio-cultural context and the way mental health needs are viewed, including the degree of problem recognition and associated diagnosis. Timini (2009) warns that ideas of what an ideal childhood should look like are themselves culturally constructed. Thus, the changes in the level of need reported could be due to changes in the identification, screening and assessment of children considered to have mental health concerns. For example in the UK you can now get a diagnosis via a 25-minute telephone consultation, without the child concerned being seen (Baldwin & Anderson, 2000; Curtis, 2004). There is also the issue of some professionals' willingness to employ a diagnostic–categorical approach in defining children's mental health problems, and the profession-driven interests that might be involved in privileging such a diagnosis-centred discourse (e.g. Elkins, 2009).

### 2.1.3 Paradigms in child mental health

There are various ways of theorising children's mental health needs. As there is a vast amount of literature in this area, this section has been limited to the consideration of five main paradigms; the medical model, the person-centred model, the psychodynamic model, the systemic model and the biopsychosocial model. The latter four could all be seen as alternatives to the dominant medical-model paradigm of mental health needs that predominates in Western society.

#### 2.1.3.1 The medical model

A predominant way in which Western society has dealt with the apparent increase in child mental health difficulties is through a medical-model approach. The approach stems from a 'medical' tradition relying upon biological explanations, which sees problems in terms of pathology which therefore need to be 'cured' (Freeth, 2007). Mental health needs are considered by those taking a medical perspective as being definable by an array of symptoms. These symptoms can be categorised into particular conditions, problems, disorders and illnesses through the use of diagnostic frameworks such as the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) (American Psychiatric Association, 2003). Professional groups, notably the psychiatric profession, have attempted to classify particular types of mental health problems as disorders or conditions, and offer diagnoses using the DSM-IV. These diagnoses are determined by reference to a number of dimensions, factors and the presence and absence of particular symptoms.

In critically evaluating the DSM, Cooper (2005) argues that it is theory-laden and, in part, has been socially and financially influenced. She also argues that whether a condition is classified as a disorder 'is partly a value-judgement' (p. 45). Cooper (2005) is in favour of the

mapping of ‘natural kinds’ in the DSM classification for mental health disorders but concludes there are reasons to doubt that the DSM will come to reflect their natural structure. Several other commentators have written about the problems of diagnosis and the many reasons why it should be abandoned (e.g. Boyle, 2007) including the detrimental effect it can have on clients (e.g. Honos-Webb & Leitner, 2001). Tew (2005) also argues that such diagnostic frameworks take insufficient account of the socio-cultural context in which the mental health concern occurs.

The ‘medical’ model of classification, diagnosis, and treatment of children’s mental health needs is widely agreed to be the dominant paradigm in the British National Health Service (e.g. Hammersley, 2009, p. 630). It is governed by those who advocate an evidence-based approach to mental health intervention and follows the National Institute for Health and Clinical Excellence (NICE) guidelines. The treatment or intervention of choice, most commonly drug therapy (Freeth, 2007), depends on the appropriate diagnosis and classification of a child’s needs to a particular disorder or condition. Freeth (2007, p. 112), amongst others, has argued that the medical model is a reductionist way of thinking, underplaying the complexity of human experience.

A possible example of the influence of medical model thinking in Western society is the fact that the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) ‘has reached epidemic proportions’ (Timimi & Radcliffe, 2005, p. 64). Commentators such as Timimi (2004) argue that the birth and the increasing popularity of diagnosing child mental health difficulties such as ADHD and depression reflect a wider socio-cultural process, including economic (pharmaceutical) and profession-driven interests, rather than any medical breakthrough. Alternatives to the medical model way of viewing mental health needs are explored in the subsequent four sections.

#### 2.1.3.2 The humanistic model

The humanistic model encompasses a wide array of theories including the person-centred approach developed by Carl Rogers (1951), Gestalt therapy (e.g. Perls, Hefferline & Goodman, 1990) and significantly overlaps others such as the existential approach (Misiak & Sexton, 1973; Spinelli, 2007) which originated with philosophers such as Heidegger (e.g. 1962). The person-centred approach will be the focus in this literature review as it is increasingly being used to work therapeutically with children with mental health difficulties (e.g. Prever, 2010; Keys & Walshaw, 2008).

Joseph and Worsley (2005), amongst others, have argued that 'the person-centred approach is an alternative to the medical-model approach' (p. 7). Practitioners who work in this model follow on from the work of Rogers (e.g. 1951) who argued that the term 'client' should be used instead of 'patient' to describe individuals in therapy and that six core conditions including empathy, unconditional positive regard, and therapist congruence are enough for the client to 'self-actualise'. Person-centred practitioners are sceptical about the diagnostic labelling of children, and focus on the individual rather than the 'disorder' (Prever, 2010, p. 36). This model is an example of a more humanistic and non-pathologising approach to thinking about children's mental health difficulties. Current interventions in this model for children will be discussed later in the thesis.

#### 2.1.3.3 The psychoanalytic model

This section briefly acknowledges the influential work of psychoanalysts on contributing to one's understanding of the emotional and psychological vulnerability of children. These theories originated with Sigmund Freud (e.g. 1986) and his best known, but also most controversial (Carducci, 2009), theory on the five psychosexual stages of

development. He argued that if an individual's needs are not met at each stage there are dramatic effects on their behaviour. Although Freud has been criticised for being too rigid, vague and ill-defined (Nye, 1992), he has continued to be enormously influential. Erikson's (1965) psychosocial theory of the *Eight stages of human development* drew from and extended the ideas of Freud. Erikson's theory states that each individual experiences eight 'psychosocial crises' (internal conflicts linked to life's key stages) which help to define their growth and personality. Each crisis has to be 'resolved' to prepare for the next life crisis and problems emerge if these stages are not passed through adequately. Erikson's stage approach has had similar criticisms to that of Freud (Carducci, 2009), however his writings continue to be used by others to promote the healthy emotional development of children (Prever, 2010, p. 33).

John Bowlby (1969), known as 'the father' of attachment theory, argued for the importance of early attachment relationships, describing attachment as a 'lasting psychological connectedness between human beings' (p. 194). Bowlby (1988) asserted that the earliest years of the child's life are critical for later development. Attachment theory is built on object relations principles of the 'primacy of the need for relationship and the relational structure of the self' (Gomez, 1997, p. 150) and can be seen as giving empirical support to object relations concepts. Klein (e.g. 1961) and Winnicott (e.g. 1964) are important figures in the object relations approach, and, like Bowlby, Winnicott argued for the importance of attachment relationships with his controversial statement, 'there is no such thing as a baby', meaning that 'a baby cannot exist alone, but essentially is part of a relationship' (p. 88). Winnicott (1971) also had seminal contributions on the importance of play with children.

Unfortunately, there is not enough scope in this review to cover these theorists' many valuable contributions in depth, or indeed the many other noteworthy psychoanalytical and

developmental theorists since them. However, what these theorists do highlight is the significance of childhood experiences and unconscious mental processes in mental health difficulties. They also illustrate at what stages mental health issues can arise and the importance of preventative work for vulnerable children.

#### 2.1.3.4 The systemic model

The systemic model examines the environmental influences on the child's mental health and psychological well-being, especially the family. A systemic model is often used interchangeably with a 'family systems' model but many such as Asen (2002) prefer to use the term systemic as it is less blaming towards the families and incorporates the wider social context of the family. This model encompasses a broad range of approaches including theories that focus on behaviour patterns, theories that focus on belief systems (Constructivism, Milan, Post-Milan, Social Constructionism, Solution Focused and Narrative approaches) and theories that focus on context (Carr, 2006), therefore it is difficult to do the model justice in this short section. Bateson (1972) is one of the original and leading proponents of this model.

It is a relatively new model of mental health when compared to psychoanalytic and humanistic approaches. In a systemic approach psychological problems are understood within a family, social and political context. 'Symptoms' of mental health concerns are seen as the product of attempted solutions to the problems in the family (Bor & Legg, 2003). An example of a current intervention for children's mental health needs that incorporate this way of thinking is narrative therapy (e.g. White & Epston, 1990). This will be discussed further in the section on therapeutic interventions.

#### 2.1.3.5 The biopsychosocial model

The biopsychosocial model was first suggested by Engel (1977) for an alternative to the pure bio/medical model. He argued that this model 'includes the patient as well as the illness' (p. 133). Practitioners that use this approach believe that 'no one approach is able to explain the development of any one "disorder", and most result from a combination of factors' (Bennett, 2003, p. 27). This model suggests that mental health difficulties arise from an amalgamation of biological factors such as genetic make-up, psychological factors like childhood trauma and social/environmental factors – for example, the quality and availability of personal relationships and social support. Bennett (2003) argues that this model is useful as it indicates 'the key risk dimensions involved in the aetiology of mental health problems' (p. 26). Sims (2010) also points out that the medical model cannot be totally ignored, and suggests that all applied psychologists, including counselling psychologists, are in a uniquely advantageous position, as their training equips them 'to integrate psychological, social and biological models of mental and emotional distress and of well-being' (p. 455).

The advances in medical science points to the importance of one's understanding of the interaction of social, psychological and neurological factors to the understanding of children (MacKay & Greig, 2007). For example, neurological research has found secure attachment is fundamental for optimal development of cerebral structures (Schore, 2001). Schore (2001) argues that 'the attachment relationship...directly shapes the maturation of the infant's right brain stress-coping systems' (p. 41). He proposes that failure of attachment relationships can undermine the development of cortical structures needed to regulate affective arousal. Also studies have illustrated the direct effect that psychological therapy can have on brain function (e.g. Stern, 2004). As Rizq (2007) rightly points out it seems 'we cannot separate our psychological being from our biological and neurological foundations, nor from the complex relational network within which we were created and are now

embodied' (p.15). The next section examines the significance of intervening in children's lives at the appropriate stage.

### 2.1.4 The importance of early intervention and preventative measures

The importance of early identification and intervention of at-risk children has been found to be particularly significant (Centre for Excellence & Outcomes, 2010). There are a large number of risk factors that increase the vulnerability of children to mental health problems. The ONS (2008) carried out a three-year follow-up survey on 7,300 children who had been in the 2004 study, and found that children who had experienced three or more stressful life events were significantly more likely to have developed an emotional disorder. Children who had been physically and sexually abused were particularly at risk.

Other risk factors include deprivation, poor educational and employment opportunities, enduring poor physical health, poor peer and family relationships, witnessing domestic violence, and having a parent suffering from mental ill health or misusing substances (British Medical Association, BMA, 2006). Looked-after children (i.e. those brought up in local authority care) are particularly at risk of poor mental health. An ONS report (2003) carried out on the mental health of young people looked after by local authorities in England found that in England, 45 per cent of looked-after five to 17 year olds had a mental health disorder, compared to 10 per cent from private households. Asylum seeker and refugee children have also been shown to have consistently higher levels of mental health problems, including post-traumatic stress, anxiety and depression (Fazel & Stein, 2002). Children with learning disabilities are more likely to suffer from mental health problems. According to the BMA (2006) 40 per cent suffer from some form of mental health disorder, and the incidence is even higher among those suffering from severe learning disabilities. Children who have been bereaved are also particularly vulnerable to suffering

from mental health problems (e.g. Van-Eerdewegh, Clayton & Van-Eerdewegh, 1985; Dowdney, Wilson, Maughan, Allerton, Schofield & Skuse, 1999).

Gosline (2008) identified that early intervention for children at risk can make a significant difference to their lives. For example, Panayiotopoulos (2004), in following up a home and school support project in the UK, set up for children with emotional and behavioural difficulties at risk of being excluded from school, found that it had made a major difference to at-risk children's lives. The project worked with the children, parents and schools in a holistic manner and findings highlight the importance of early intervention, especially for more vulnerable children. The above statistics and research imply that many UK children are emotionally and psychologically vulnerable and would probably benefit from therapeutic interventions at an early age.

Children's mental health difficulties have also been found to be a strong predictor of adult mental health problems (e.g. Champion, Goodall & Rutter, 1995). For example, anxiety and depression in young people are well established precursors to depression in adulthood (Fryers, 2007; Wals & Verhulst, 2005). These findings highlight the importance of early intervention, as Claire Winnicott (1996) emphasises:

> **If we could only learn to respond effectively to children at the crisis point in their lives which brings them to us, and at subsequent crisis points which are part of growth, we might save many of them from becoming clients in one capacity or another for the rest of their lives. (para. 5)**

ONS (2005) found that over half of all adults with mental health problems were first diagnosed in childhood, but less than half received appropriate treatment at the time. This highlights the significance of early intervention, and the very considerable impact it could have on adult mental health services. Children are the future. If they are not helped and

guided their future, and society's future, has the potential to be filled with troubled and psychologically affected ('disturbed') adults. As Mandela (1995) rightly points out 'There can be no keener revelation of a society's soul than the way in which it treats its children' (para. 1).Some examples of current interventions and their controversies will be discussed in the next section.

### 2.1.5 Current interventions in child mental health

There are many interventions for helping children with mental health difficulties that are particularly dependent on which paradigm the practitioner is originating. The researcher does not attempt include all of them and has chosen to divide up the section into two parts; pharmacological interventions and therapeutic interventions. This, possibly, could also be seen as medical model compared to non-medical model interventions. Key authors who stand out in this next section are Timimi (2009) and Timimi and Radcliffe (2005) who offer a critique of medical model interventions.

#### 2.1.5.1 Pharmacological interventions with children

Timimi (2009) proposes that the increase of medication given to children for mental health concerns 'illustrates the depth of this problem' (p. 102) but also 'our peculiar cultural style of responding to it' (p. 102). Wong, Murrey, Camilleri-Novak and Stephens (2004) investigated prescribing trends of psychotropic medication for children with emotional and behavioural problems in nine countries between 2000 and 2002. They found significant increases in all the countries, and the highest increase in medication was in the UK, with a 68 per cent rise. The UK Department of Health has reported that the prescription of stimulants for children has increased from 6,000 in 1994 to over 450,000 by 2004 – representing a somewhat shocking 7,000 per cent increase in a decade (cited in Timimi, 2009, p. 102). Currently, there are over 50,000 children and adolescents taking antidepressants in the UK

(Boseley, 2003). Such figures, being symptomatic of the way in which Western culture is dealing with the behavioural and emotional problems of children through a medical-model orientation, are of major concern to many commentators and also to some professionals.

Timimi (2009) suggests two possibilities for the rise in prescription drugs amongst children. There has either been a dramatic actual increase in emotional and behavioural problems in children, leading to greater public attention and, in turn, a greater professional effort to alleviate this rise. Alternatively, he suggests, it is not the increase in mental health difficulties per se, but rather, the way in which we as a society deal with children's challenging behaviour. Timimi proposes that the most likely reason for the increase is some combination of both of the above.

Some argue that this medicalisation of childhood experience only further demonstrates how adults are failing children (Timimi & Radcliffe, 2005). Fletcher (2008) strikingly illustrates this gap in understanding with the analogy that 'if the past is "another country", childhood can be seen as another planet' (p. vviii). House and Palmer (2008) argue the latter point that the 'various symptoms of distress that has been labelled "toxic childhood" should be interpreted as children's insightful commentary on just how badly we adults are doing, rather than some "psychopathology" that needs to be medicalised or "treated"' (p. xix). Although there has been much research evidence to suggest the helping effects of medication for some children, especially in children with severe mental health needs (e.g Roberts, 2006), there has also been a large amount of literature on the damage it can do, especially in longer term usage. For example, the main medications used for children with a diagnosis of ADHD are stimulants such as Ritalin, which are gradually being shown to have increasingly detrimental side-effects, because it is thought that their 'chemical properties are virtually indistinguishable from the street drugs, speed and cocaine' (Timimi & Radcliffe,

2005, p. 64). Timimi and Radcliffe (2005) also argue that the use of medication in children can lead to the unhealthy attitude of 'a pill for life's problems' (p. 68).

#### 2.1.5.2 Therapeutic interventions with children

Counselling and related interventions are an alternative to medication and also aimed at improving the mental health of children. However the specific ways in which professionals should work with children therapeutically is still very much a matter for debate (Fonagy, Target, Cottrell, Phillips & Kurtz, 2002). Meta-analytic reviews of the research literature do certainly confirm the effectiveness of 'therapeutic intervention' over 'no intervention' (e.g. Casey & Berman, 1985, Shirk & Russell, 1992).

Harris and Patterson (2004), for example, found that counselling had produced highly positive outcomes. They carried out a systematic review of the research evidence on counselling children in order to investigate the effectiveness of different therapies. Four main groups of therapy were investigated, namely: cognitive behaviour therapy; psychodynamic/psychoanalytic; humanistic/interpersonal; and creative therapy. Harris and Patterson's findings indicated that on the whole, each of the four main modality approaches to counselling is effective for children across the full range of presenting issues. Everall and Paulson (2002) found that most theories of adolescent psychotherapy hold that the therapeutic alliance is essential to process and outcome. The therapeutic alliance and the complexity of its definition have been researched and discussed in depth by various commentators (e.g. Meissner, 1996; Safran & Muran, 2003).

Play therapy is one of the most popular interventions for helping children with emotional and behavioural difficulties (Bratto & Ray, 2000). It appears to have arisen from attempts to apply psychoanalytic therapy to children (Dorfman, 1951, p. 235). There are a

variety of different theoretical models, Schaefer (2003) describes 14 different approaches which he proposes represents the major approaches, although the most widely used are the psychodynamic and child-centred play therapy models. The former has its roots with Anna Freud (1974) and Klein (1961), the latter drawing on Carl Rogers' (e.g. 1951) person-centred therapy principles and adapted by Virginia Axline (1969) in her non-directive play therapy model.

The child-centred play therapy model emphasises a philosophy of 'being' with the child as opposed to 'doing' to the child, where the therapeutic relationship is primary and the strongest therapeutic tool for change is children's innate drive to self-actualise (Landreth & Sweeney, 2003). Instead of focusing on diagnosis or techniques, these therapists concentrate on the child as the centre of therapy. Thompson-Prout & Brown (2007) assert that this type of 'therapy is not repair work – it is a process of becoming' (p. 193). Keys & Walshaw (2008) also point out that 'this work is not focused on tasks, equipment or exercises but on relationship' (p. iv).

Narrative therapy developed by White and Epston (e.g. 1990), another model that appears under the systemic umbrella, has emerged as an alternative to the traditional and 'objective' therapy approaches. They introduced a way of working with children with psychological problems, especially those that had manifested into behaviour problems, which locates the problem 'outside' of the child ('externalization'). In this model practitioners encourage children to be the 'authors' of their own story. Narrative therapists criticise traditional therapists for 'adopting an "expert" posture and focusing on theoretically predetermined meanings' (Smith, 1997, p. 45). This model is influenced by social constructivist ideas where 'therapists attempt to open space for clients' different voices or stories to be co-constructed.' (p. 46). Like play therapists, narrative therapists also use play modalities but rather than using them to interpret the child's 'real' feelings or as a tool to

determine what needs to be corrected, they help the child to 'express and expand upon preferences within their metaphoric worlds' (Smith, 1997, p. 27).

Controversially, in their work on what they term 'the dangerous rise of therapeutic education', Ecclestone and Hayes (2008), amongst others (e.g. Masson, 1997), have warned that counselling and psychotherapy is part of the problem in relation to the rise of individualism in Western society. They argue that the increase of 'emotional literacy' in schools is 'profoundly anti-educational' and 'creates a curriculum of the self that lowers educational and social aspirations' (p. xiii). Some see Ecclestone and Hayes's view as a somewhat ill-informed caricature of actual therapy practice (e.g. Winship, 2008). In contrast, Loewenthal (2009), whilst agreeing that certain approaches to therapy can reinforce self-centredness, suggests that psychological therapies can also encourage a culture which helps mutual consideration of others more rather than less. Loewenthal, amongst others, has been increasingly influenced by the work of the French philosopher Levinas and his fundamental ethic of putting the Other first: 'Levinas argues ethics must precede ontology: "being for others" has priority over "being for self"' (cited in Loewenthal & Kunz, 2005, p. 1). The latter view would suggest that therapeutic intervention for children may well be as important for society as it is for the individual child.

### 2.1.6 The effectiveness of the provision of mental health services for children

In 2004 Lord Professor Richard Layard called for politicians to make certain that 'within 5 years they will ensure that evidence-based psychological therapy is available for all who need it, throughout the land' (Layard, 2004, p. 5). He argued that in most areas, access to specialist psychological help for children was quite severely rationed and that only a quarter of children with mental health problems were receiving specialist help. He also pointed out

that the specialist Child and Adolescent Mental Health Service (CAMHS) had only two-thirds the staffing levels recommended in the 2004 National Service Framework.

Some seven years on, despite the need, the child sector is still much smaller and less financially resourced compared to the adult sector (Davy & Hutchinson, 2010). There seem to be a number of reasons for this – although one obvious explanation is that there are more adults than there are children in the UK. However, more troublingly it seems that as children do not have a political voice through the democratic system and are not economically productive, there are no short-term financial incentives to encourage Government investment in improving psychological services for children. For example, Improving Access to Psychological Therapies (IAPT) is an adult-oriented project which, it has been argued, has been 'rolled out' in an attempt to save the Government money by returning adults to work (e.g. Pilgrim, 2008). Is this short-term strategy economically guided or misguided? It can be argued, for example, that a carefully designed 20-year prevention strategy focusing on children's mental health and emotional well-being could potentially save the tax payer substantial resources in the long run. Given the 4-5 year political term for government in the UK, long term strategies are often rejected in preference to short term 'quick win' solutions. However, recently, such a programme similar to the IAPT adult project (though admittedly on a smaller and, some would argue, more basic scale) for children has started. This was discussed at the last IAPT conference in December 2010 (cited in 'Therapy Today', 2010). Child psychological services are now on the IAPT agenda although currently resources still need to be 'rolled-out' and in a time of public expenditure cut's it is likely the funding required to tackle these problems will be insufficient.

Since the Victoria Climbié enquiry set in motion the 'Every Child Matters' green paper (2003), there has been greater recognition of the need for better provision for children and for services to be more readily available at an earlier stage of developing difficulties.

However, Fletcher (2008), amongst others, damningly criticises this report as a 'political response to the tragic abuse and death of Victoria Climbié, suggesting it was more of a series of statements of laudable principle than a concrete change of approach and values' (p. xix). Evidence also suggests that there is still much room for improvement. A study carried out by Allnock et al. (2009) for the *National Society for the Prevention of Cruelty to Children*, on the service provision for children who have been sexually abused, found that there are considerable geographic gaps in provision. They estimate that there is a shortfall in provision of between 88,544 to 51,715 therapeutic places per year (p. 51).They also conclude that these services are often only provided after behavioural problems are picked up or when mental health breaks down, rather than as a preventative measure (p. 24). The BMA (2006) has reported that children aged 16 and 17 often fall into a gap between child and adult services, especially as many CAMHS do not currently provide services for those aged over 16, therefore this group often does not receive adequate help and support. There are relatively few child psychotherapists working in the UK – just 842 in the UK (British Association of Counselling and Psychotherapy, BACP, 2010a); and compared to what is arguably a rapidly growing need, the above statistics strongly suggest that there may well be many more children who need professional psychological help than are currently receiving it.

## 2.2 Specialist training to work with children

Training to work with the psychological well-being and mental health needs of children is a contested topic. The focus of this next section will include current discussions around training generally- and ideas from a key author in this field House (2010).~~and the recent debate surrounding whether separate protected titles should be enforced for those working with children~~.

There is a current debate in the psychological therapies field as to whether practitioners need specialist training to work therapeutically with children. The term 'specialist' has not been coherently or adequately defined in the literature in terms of length and/or content. For the purposes of this thesis specialist training will be defined as at least one to six years academic study and placements geared towards child therapeutic work. This is in line with the current time scales of child counsellor and child psychotherapy training. Only fairly recently, specific training programmes have been introduced for individuals wanting to become child counsellors (Kegerreis, 2006). On the other hand, the world of child psychotherapy has had a separate training, at the Tavistock Institute and an established division, the Association of Child Psychotherapists (ACP), since 1949 (ACP, 2010b).

There are some who believe that specialist training is needed to work with children. Kegerreis (2006), for example, argues that working with children and adolescents demands a certain expertise that cannot be adequately provided in a course primarily geared to adult work (p. 406). She argues that a detailed understanding of child development, non-verbal communication skills, understanding of family dynamics, and understanding of groups and organisations are all essential to working with this age group.

There are a number of commentators in the literature who argue that training does not necessarily lead to competence (e.g. Aveline, 2005; House, 2010; Mowbray, 1995; Russell, 1994). Russell (1994) carried out a survey investigating the effectiveness of psychotherapy and, controversially, found that it does not appear to depend on any of the following four characteristics:

- The practitioner holding academic qualifications
- The length of training of the practitioner
- The school to which the therapist belongs

- The practitioner having had a training analysis

In particular, the importance of theory in training has been most convincingly argued by House (2010)~~, amongst others~~:

> **…to have precisely the opposite effect to that intended – not only because theory can so easily get in the way of the natural human qualities that inform practitioner effectiveness, but also because it can 'school' trainees into a pre-conceived 'regime of truth', into which theoretical straight-jacket practitioners – wittingly or otherwise – proceed to shoe-horn their clients. (p. 235)**

These arguments seem especially relevant in the case of working with children, where a holistic, child-centred approach that is sensitive to children's developmental trajectories, and which is not unduly programmatic and adult-centric, is arguably essential, and where the unique individuality of each child is considered important. As mentioned previously, child-centred play therapy privileging Rogers' (1951) 'sufficient conditions' for therapeutic change is particularly relevant here. These ideas can be seen to be supported by Fletcher (2008), who recommends that 'we should perhaps trust less in the "we know what to do" approach and more in children and young people's innate resilience' (p. xx).

Schön (1983) has also warned that 'a high degree of specialization can lead to a parochial narrowness of vision' (p. 60). Schön's (1983) learning theory of reflection-in-action, which he defines as the ability of professionals to think, consciously evaluate and make changes on the spot supports the argument that specialist training is not always essential. Schön (1983) also talks about reflection-on-action which represents a retrospective response after the event, where choices are considered with a view to improving effectiveness in future situations.

More generally, counselling, psychology and psychotherapy have 'taken on the trappings of a profession, via registration, accreditation, supervision, and codes of ethics' (Howard, 1998, p. 303), but there are complex questions as to whether it should also be specialising for every specialist group. Currently at the time of writing, meetings are being held to discuss the issue of whether there should be separate regulation to differentiate between psychotherapists and counsellors who are qualified to work with children and those qualified to work with adults (Health Professions Council, HPC, 2010). The British Association for Counselling and Psychotherapy does not currently support this differentiation (BACP, 2010a). The majority of those in the BACP involved in this discussion argue that there are different and diverse 'entry routes' into working therapeutically with children and young people, including continuing professional development, which could mean that if state regulation were to be implemented, at least some (often very experienced) counsellors might not be recognised. Crucially, this would in turn affect the majority of the counselling psychologists, counsellors and therapists who work for the organisation Place2Be, who do not have a specialist training with children. Evidence illustrates the beneficial and effective work they do with children (e.g. Lee, Tiley & White, 2009). BACP (2010a) also believes that the responsibility for ensuring competence in working with any client group should rest with individual employers.

The ACP has been arguing that 'Child Psychotherapist' should be a protected title because their registered members undergo a specific and rigorous child training which should, they maintain, be differentiated (HPC, 2010). Those who support this viewpoint argue that children as a vulnerable group are at serious risk of harm if therapy is performed badly or by untrained practitioners. Secondly, it is argued that children and young people have specific needs which should be met by qualified practitioners, and that there are specific competencies that are necessary for working with children and young people. The regulation

~~of the differentiation of counsellors who work with children and those who do not has been discounted for now. A final decision has not yet been made about whether child psychotherapists should have a protected title (BACP, 2010a). This controversial debate is indicative of the growing awareness of the need to emotionally support children, and the complexity in reaching a common professional viewpoint on the training and experience-related prerequisites for effectively doing so, especially perhaps where there are professional vested interests involved. These are issues that will be returned to later in this study.~~

## 2.3 Counselling Psychology

This section will explore the contribution counselling psychologists can make to the psychological well-being of children. This segment will start with a brief look at counselling psychology training. Next, as a multi-disciplinary approach is advised for working with children and this way of working has been demonstrated to effect professional identity ~~particularly by ((~~Anning, Cottrell ~~and~~& Frost~~,~~ ~~(~~2006), the notion of identity will be examined followed by an exploration of the professional identity of counselling psychology. Finally this section will consider the role counselling psychologists can play with children in various settings.

### 2.3.1 Training

Counselling psychologists in the UK are typically trained in three of the key therapy modalities: psychodynamic, humanistic and the cognitive behavioural approach. Like the profession as a whole, training institutions are diverse and some also offer modules in systemic work (e.g. City University), with most having at least one or two lectures on child work. Also all counselling psychologists have at least one compulsory child developmental module in their undergraduate training suggesting foundation knowledge in this area. The 'relational' and 'contextual' emphases in counselling psychology also seem to be especially

relevant to children and to a consideration of the wider cultural dimension of children's well-being, which UNICEF (2007), amongst others, has suggested is severely compromised in the UK. There therefore seems to be at least a *prima facie* case for counselling psychologists' expertise helping to meet the growing need of mental health provision for children and young people (Morrisroe & Millward, 1998).

The 'scientist-practitioner' model is the preferred model for training programmes in counselling psychology (Blair, 2010), although there are also many counselling psychologists who are critical of it and argue that in its traditional sense it is unsustainable (e.g. Carter, 2002; Wakefield & Kirk, 1996). The scientist-practitioner model dates back almost 50 years after being formalised by clinical psychologists in a conference in 1949 in Boulder, Colorado (e.g. Petersen, 2007). Basic principles of the model for counselling psychology include an emphasis on the importance of an empirical basis for theory and practice and an equal weighting of 'science' and 'practice' in training programmes (Vespia, Sauer & Lyddon, 2006). Strawbridge and Woolfe (2003) suggest perhaps 'practitioner-scientist' would be a more appropriate label for counselling psychology as it would 'stress practice and practice-based research as well as movement away from the dominant or technical rationality model of science' (p. 7). Sinitsky (2010) proposes that this model assists counselling psychologists in working with children; 'As scientists, counselling psychologists are committed to drawing upon and contributing to the psychological knowledge base, which provides an understanding of child and adult development and facilitates hypothesising about the experiences of children and adolescents' (p. 55).

The 'reflective-practitioner' model coined by Schön (1983) is thought to be 'an integral part of the identity of the counselling psychologist' (Woolfe & Tholstrup, 2010, p. 593). It emphasises the role of reflection and the use of the self of the counselling psychologist in their work (Rizq, 2010). It has also been argued that the use and integration of

this model separates counselling psychologists from many other professional psychology groups. Unique to applied psychology is that counselling psychologists are required to have personal therapy, and there is considerable emphasis on their 'inner work' and personal growth during their training (Rizq, 2010). This is, arguably, a crucial experience to bring to working with children.

The initial professional identity of a counselling psychologist is developed in their training (Orlans & Van Scoyoc, 2009). As the training is not geared directly to child clients there is a question over whether the identity of a counselling psychologist whose role includes the responsibility of working with children alters during their professional lives. This concept of an evolving professional identity is discussed over the next two sections.

### 2.3.2 Evolving notions of identity and professional identity

In order to understand the professional identity of counselling psychologists it seems important to first briefly explore how the concept of identity has been constructed in the literature. Identity is a complex construct often used interchangeably with the notion of self in the literature (Day, Kington, Stobart, & Sammons, 2006). It can be defined from various perspectives, including biological, cognitive, experiential (humanistic, phenomenological and existential approaches), social constructivist and psychodynamic (Stevens, 1996). Early writers (e.g. Cooley, 1902) tended to see the self as singular, unified and stable over time, with little influence from context or from an individual's history. Since then, symbolic interactionists such as Mead (1934) have argued that though the self is stable, it is a continuous concept closely linked with social interactions and created through language and social experiences. Mead was the first theorist to suggest that the self could take on different social experiences based on the particular part played by the individual; he wrote, 'we divide ourselves up in all sorts of different selves with reference to our acquaintances' (p. 142).

Goffman (1959) through his 'dramateurgical metaphor' also argued that a person has a number of 'selves', each one focusing on one role at any given time and situation, and therefore presenting a different self to others in diverse settings. He used the analogy of the theatrical performance as a framework for illustrating how, just as professional actors vary their performance, individuals in society act differently in different settings. His theory took into account the multi-faceted nature of people's lives. Mead and Goffman, amongst others, are the early theorists of the social constructivist perspective on the self which would propose that 'we are intrinsically a product of the social world' (Wetherell & Maybin, 1996, p. 276).

Postmodern ideas about the self have become increasingly popular and further challenge the idea that identity need be cohesive or consistent in the way that is characteristic of twentieth-century Western culture. A prominent author who has written a vast amount on these ideas is Gergen (1972; 1991). ~~Some writers, arguing from a postmodern perspective, also challenge the idea that identity need be cohesive or consistent in the way that is characteristic of twentieth-century Western culture.~~ Gergen (1972) was the first to assert that a pluralistic conception of self does not have to be symptomatic of pathology but could be a perfectly appropriate form of social adjustment. This can also be supported by Mair (1977) who discussed the idea of a community of selves. Over a decade later, Gergen and Gergen (1988) argued for a 'relational self,' which they described as a multi-faceted self, or set of selves, based on the many different ways in which individuals stand in relation to their social and material environments. A few years later, this idea evolved into the 'saturated self' (Gergen, 1991), a pluralistic self which, Gergen argued, was a result of exposure to the constant barrage of imagery and information produced by postmodern communication technologies. Within this concept, Gergen asserts that an individual's personality grounded on a 'singular, coherent and stable self' may be disappearing, under the impact of 'socialising technologies'.

Rappoport, Baumgardner and Boone (1999) concur with Gergen in also asserting that 'adaptation to rapidly changing socio-economic environments increasingly requires a pluralistic sense of self' (p. 97). They see a transition from the polymorphous but unitary symbolic self, to a plurality of distinctive alternative symbolic selves. Rowan (1990) also discusses the presence of subpersonalities and later Rowan and Cooper (1999) talk about the 'plural self'. Burr (2003) also argues that this way of thinking of about a person portrays them as 'multiple, fragmented and incoherent...a multiplicity of different selves, each called forth or conjured by our immersion in discourse and in the process of social interaction. But our subjective experience is often the opposite; we still feel that there is coherence to the person we are' (p. 141). This pluralistic way of viewing the self means approaching the therapeutic relationship in a different way, as McNamee (1996) explains: 'Rather than uncovering and adjusting an essential self (which is the modernist project), postmodern therapy entertains and privileges the construction of multiple selves as emergent by-products of situated action – for both clients and therapists' (p. 10).

There have been a number of criticisms levelled against the concept of a pluralistic self. For example, Smith (1994) has attacked Gergen's views, arguing that that they represent unjustified radical relativism undermining fundamental beliefs in human progress. Rappoport et al. (1999) disagree with Smith, and consider it to be more of an affirmation than a denial of beliefs in human progress. The notion of the pluralistic self could also be seen by some critics as 'identity confusion' (e.g. Erikson, 1965). Rappoport et al. (1999) suggest that a study comparing identity confusion with multiplicity or pluralism could settle the issue. What has been shown is that such confused states in adolescents are associated with serious adjustment problems, whereas research connected with pluralism indicates that it can develop as an adaptive form of stress (Linville, 1987).

Another criticism against the pluralist self is that pluralism is simply a matter of role playing. Like an actor, one may play various roles and still maintain a unitary, integrated sense of self. According to this view, different selves are simply different social roles (e.g. Rappoport et al., 1999). Role theory maintains that in every society, individuals are required to play out a variety of more or less prescribed themes and social roles. Persons learn to vary their behaviour according to expectations or scripts associated with these roles. Others suggest that multiple roles do not equate to multiple, pluralistic or more complex self-concepts. For example, Boone's (1995) finding that persons with high personality multiplicity scores typically agreed with an item specifying that, on different occasions, they often feel like a different person. Biddle (1986) reported that multiple roles or multiple demands relevant to a single role can produce a condition of 'role strain' which increases rather than decreases stress.

Having a pluralistic self or complex self-concept has been linked with being able to cope more effectively with stress. Linville (1987) attested to the fact that such persons were able to compensate for stress in any particular domain by finding 'relief' in other domains. This finding on stress implies that something more than role playing is at work. Rappoport et al. (1999) suggest that the only real way to prove or disprove that these concepts are the same is to carry out research to determine whether role play can be distinguished from self-pluralism. However, they believe that the pluralistic sense of self goes beyond role-playing: the latter, they suggest, is a relatively superficial behaviour, for example, when a person may be required by circumstances to act in an unaccustomed or novel capacity. When an unfamiliar role is internalised, they believe, at this point, the role becomes a relatively independent dimension or alternative form of self: 'A role may, initially, be just that but if it is internalised and becomes a reflexive, authentic pattern of thought and behaviour definitive of the individual, it can become a separate self, or a semi-autonomous sub personality' (p.

102). The next section will specifically explore the literature on the identity of counselling psychologists within the professional environment.

### 2.3.3 The construction of a professional identity

Professional identity for counselling psychologists can be defined as a sense of connection to the values and emphases of the emerging counselling psychology field (Mrdjenovich & Moore, 2004). Owen (1992) proposes that the professional identity of counselling psychologists is influenced by three important factors: firstly, how counselling psychologists view themselves in terms of philosophy; secondly, how counselling psychology is perceived and understood by others; and finally, in terms of what it is that counselling psychologists actually do in their work.

Pugh and Coyle (2000), in analysing articles that embodied the construction of counselling psychology's identity from the CPR between 1990 and 1996, found that counselling psychology's identity had been constructed in two ways. First, it was commonly differentiated from one particular related profession (clinical psychology), with counselling psychology constructed 'as achieving in areas where clinical psychology was portrayed as having failed' (Pugh & Coyle, 2000, p. 88). Secondly, Pugh and Coyle highlighted the similarities and links between counselling psychology and other well-established professions, for example psychotherapy.

In terms of philosophy, the DCoP (Frankland & Walsh, 2010) in the UK describes itself as having 'one foot in formal (scientific) Psychology and the other in humanistic psychotherapy' (para. 3). Critics of the profession have argued that these two disciplines are 'conflicting conceptual frameworks' (Williams & Irving, 1996, p. 4), which has caused problems in the counselling psychology literature when attempting to define a coherent identity for the profession. Walsh, Frankland and Cross (2004) suggest that this often leaves

professionals and public alike wondering, 'Are we animal, vegetable, or mineral?' (p. 326). Moore and Rae (2009) suggest that one way in which these two opposing approaches can be brought together is through postmodernist viewpoints such as social constructionism where 'natural science and phenomenological approaches are viewed as socially constructed tools' (p. 381). They propose that this could be the reason why postmodernism appears significantly in the counselling psychology literature (e.g. Neimeyer, 1998).

In a recent important study, Moore and Rae (2009) explored how counselling psychologists construct themselves. They interviewed eight practising counselling psychologists and analysed the interviews using discourse analysis, identifying a 'maverick/outsider' repertoire in how counselling psychologists talked about themselves. This repertoire 'positions counselling psychology as an intrinsically-challenging, unorthodox profession' (Moore & Rae, 2009, p. 390). Further studies need to be carried out to see if these findings can be generalised to the counselling psychology profession as a whole.

The second factor, concerning how counselling psychologists are perceived by others, has been investigated in two studies. Bor and Lewis (1998) carried out a quantitative study to find out how counselling psychologists are perceived in the National Health Service (NHS) by clinical psychologists. They found that there was confusion amongst clinical psychologists regarding the professional identity of counselling psychologists. Moreover, clinical psychologists did not have a clear understanding of the training and competencies of a counselling psychologist, nor how they differed from other counsellors or psychologists. The study suggested the need for counselling psychologists to increase and improve communication with professional colleagues about their roles.

Since this study over a decade ago, many qualified counselling psychologists working for the National Health Service (NHS) have been found to be frequently dismayed by what

they perceive as ‘clinical apartheid’ or professional discrimination by their clinical psychologist colleagues (Boucher, 2007). In a more up-to-date study and in view of the perceived bias, Benanti (2002) informally interviewed 20 chartered counselling psychologists in England and Wales. Anecdotal evidence appeared to confirm that counselling psychologists were being discriminated against in the NHS. In an effort to examine further this ‘clinical apartheid’ and upon what pretext it was founded, Benanti sent out questionnaires to twelve consultant clinical psychologists to assess their opinions. The questionnaire sought to draw out some of the anecdotal biases, and also attempted to determine how widespread these biases were, and upon what they were founded. Findings suggested that employers’ attitudes were not as rigid as perceived in individual anecdotal accounts, but similar to Bor and Lewis’s findings, misconceptions continued to persist.

These studies raise important issues of competition, inter-professional rivalry and collaboration (e.g. Clark, 2002) amongst counselling psychologists and other professionals, which, on the basis of previous research findings, might prove to be a significant theme in the current research. Counselling Psychology has been discussed as overlapping other applied psychology and psychotherapy professions and therefore is possibly still trying to find its own distinctive professional identity. It is argued here that exploring this issue is important for the evolving counselling psychology profession.

Exploring what counselling psychologists do in their work, or the role they play in various contexts, is closely related to professional identity. At the time of writing, to the researcher’s knowledge, there had not been any studies carried out comparing the different roles in which counselling psychologists find themselves in the UK, although counselling psychologists have written about their roles in various settings such as the Handbook of Counselling Psychology (e.g. Woolfe, Dryden & Strawbridge, 2003; Woolfe, Strawbridge, Douglas & Dryden, 2010). A ‘role’ can be defined as ‘the expected pattern of behaviours

associated with a particular position within the structure of the organisation. It also describes how a person perceives his or her own situation' (Hymans, 2008, p. 281). The concept of role is important to group functioning and for understanding group processes and behaviour. Thus, the roles that people play in one work group may be quite different from their roles in other work groups. The next few sections will explore the role counselling psychologists do, and have the potential to, play with children.

### 2.3.4 A role for counselling psychologists working with children?

There have not been any studies specifically examining the role that counselling psychologists play, or could play, with children or in youth settings in the UK. However, a special edition of the CPR (2010) was recently published entitled 'Working with children and their families', illustrating the type of work counselling psychologists are doing with children in various settings. This edition is indicative of the growing importance the Division is now placing on working with children, and the difference counselling psychologists can make with this age group. In addition, in the UK the DCoP has recently reworked their online homepage, which now features an example of a counselling psychologist working with children and families (Loulopoulou, 2010). This again illustrates counselling psychology's increasing interest and confidence in child work.

The current policy context instigated by 'Every Child Matters' (Department for Education and Skills, DfES, 2003) and the Children Act 2004 (OPSI, 2004) means that British child welfare policy has been shifting towards integration and a concerted attempt at more joined-up thinking. Integration within and between services and organisations is fundamental to working effectively with children and adolescents (DfES, 2003). As a result of the emergence of these multi-disciplinary teams, counselling psychologists certainly have the potential to be more involved.

Anning et al. (2006) carried out an illuminating research project on, MATCh (Multi-agency Teamwork for Children's Services), to investigate the daily realities of working in a multi-professional team. They found that professionals involved in multi-professional team work 'almost inevitably experience challenges to their sense of professional identity and well-being.' (p. 104). Their sense of identity was previously built on their feelings of difference (*from* other professional groups) and a sense of belonging (*to* their specific professional group). In a multi-professional environment, however, they are asked to reinvent themselves through a connection with other professionals (Anning et al., 2006, p. 104). In the light of these findings, the impact of working in a multi-professional team for a counselling psychologist's sense of professional identity may be particularly significant, not least because they will tend to find themselves very much in the minority.

There are a number of different settings in which counselling psychologists could, and do, work with children, both in multi-disciplinary teams and independently. These key areas are schools, CAMHS, forensic settings and family charities. Within the National Health Service, as well as in legal work, psychiatric diagnosis and classification is the dominant language for discussing and thinking about an individual's difficulties, therefore a question arises concerning how counselling psychologists find an authentic way of working in these environments. The current and potential roles that counselling psychologists could, and do, play will be discussed in more detail below.

#### 2.3.4.1 A role for counselling psychologists in schools?

As schools are the primary setting for the identification and referral of children and adolescents needing mental health support (Salmon & Kirby, 2008), this is one area in which counselling psychologists could potentially use their therapeutic capabilities. There has recently been a renewed policy interest in, and an increasing recognition of, the importance of counselling in schools, especially as a result of the most recent Children's Act (OPSI, 2004).

This growth has also been emphasised by the BACP by sending out the fourth edition of its 'Good Practice Guidance' guidelines for Counselling in School (BACP, 2006b). The Healthy Schools initiative also emphasises the need to invest in the health of school children, including their emotional health and well-being.

Jenkins and Polat (2006) investigated the current counselling provision in secondary schools across England and Wales. They found individual counselling provision to be 'highly variable, decentralised, largely school-based, demand-led and somewhat fragmented in scope' (p. 7). They contrast this to the more favourable emergence of the multi-disciplinary team, such as the Behaviour and Education Support Team (BEST). These consist of teachers, social workers, police officers, family therapists, educational psychologists, learning mentors and counsellors. The work of these teams includes a school, family and systemic focus, in addition to the provision of individual counselling. It has become increasingly important for schools to become more 'emotionally literate' (e.g. Killick, 2006) and able to promote mental health, rather than referring on to other services.

In a recent study Cooper (2009) carried out a meta-analysis on 30 studies on the nature and outcome of counselling in secondary schools. The majority of these counselling services provided person-centred based forms of therapy. He found that school-based counselling was of considerable benefit to young people in the UK, with just over 80 per cent of respondents rating counselling as moderately or very helpful. In addition, research carried out by Place2Be measuring the effectiveness of primary school-based therapeutic intervention indicated that approximately two-thirds of children accessing Place2Be show improvement in social and emotional difficulties after intervention (Lee, Tiley & White, 2009).

A number of commentators in the literature have made reference to the question of counselling psychologists working with children and young people in schools. Morrisroe and Millward (1998) propose that 'counselling psychology has something positive and vital to offer education' (p. 19). They argue that counselling psychology training, with its focus on interpersonal skills, reflective self–awareness, an understanding of the dynamics of personal change and the provision of a framework for thinking about social systems (such as the school and the family), 'suggests a role complimentary to that of educational psychology in this field' (p. 19). They also advocate that counselling psychologists can have a major role to play in school prevention programmes (i.e. the promotion of well-being) and in some form of remedial counselling. They 'strongly believe that counselling psychologists can and should work in these settings' (p. 19), liaising with teachers, parents, pupils and fellow professionals offering advice, guidance or psychological therapy to pupils, families or teachers in distress. Silbert and Berry (1991) studied suicide prevention in young adolescents. They concluded that counselling psychologists need to take a greater role in the design and implementation of school suicide prevention programmes to maximise the benefits of such programmes for those students who are most in need. These potential roles all contribute to working alongside other school-based professionals.

In the USA, where counselling psychology is more established (Pelling, 2004), there is currently a huge drive to get counselling psychologists more involved in working with children, especially in schools (Walsh & Galassi, 2002). Walsh and Galassi (2002) assert that counselling psychologists can make an important contribution to schools, and specifically in three main areas: development, prevention and career development in schools. Furthermore, they proposed that counselling psychologists' unique history of work across a variety of contexts and cultures are beneficent for the complex organisational and social systems that characterise schools. In addition, Kenny, Waldo, Warter and Barton (2002) suggest that

counselling psychologists can have a large role to play in school prevention programmes. They believe that 'as scientist-practitioners, counseling psychologists are equipped with skills in research design and program evaluation that are critical to the systemic and incremental evaluation of prevention programs' (p. 744).

Romano and Kachgal (2004), who are in favour of counselling psychologists working more within schools, assert that 'no one professional group has all the skills and means to significantly impact schools by itself' (p. 298). They argue for greater collaborative efforts by school counsellors, counselling psychologists, school social workers and school psychologists for the interests of school reform and student development. Romano and Kachgal (2004) propose that these professions should move beyond potential issues of turf, prestige and identity, and focus on collaborative ways to mobilize the science and practice of their professions to strengthen schools and improve the lives of youth' (p. 294). Gysbers (2002) also argues for the importance of counselling psychologists establishing collaborative relationships with all education professionals, including educational psychologists, teachers, principals and school counsellors. He asserts that in forming these relationships counselling psychologists could assist in helping students and parents with mental health concerns, and provide pre-service and in-service training on mental health issues. In contrast, Lichtenberg and Goodyear (2004) argue that establishing meaningful partnerships is difficult because of the socialisation processes of the different professions, which mean that there is conflict and competition between groups. The applied psychologists who would be the most likely to be in competition with counselling psychologists in schools in the UK would be educational psychologists.

Farrell, Jimerson, Kalabouka and Benoit (2005) carried out a cultural study on 1105 teachers from eight different countries to investigate the cultural differences of school psychologists. Some of the findings suggested that there were concerns in the UK and the

USA about the large amount of time which school psychologists spend on testing and assessments for special education rather than on counselling individual children. This study, although not directly examining the role of counselling psychologists, suggests that there may be a short-fall in the amount of counselling that children are actually receiving in schools, a gap which counselling psychologists could be well placed to bridge.

#### 2.3.4.2 A role for counselling psychologists in CAMHS?

The growth of multi-agency teams, such as the Child and Adolescent Mental Health Service (CAMHS), means that there could be more scope for counselling psychologists working with children within the NHS. The BMA (2006) has suggested that around 1.1 million children under the age of 18 would benefit from support from specialist mental health services like CAMHS. CAMHS are NHS-provided services for the diagnosis and treatment of children and adolescents, generally up to school-leaving age. In the UK they are often organised around a four-tier system. Tier 3 and tier 2 services are typically multidisciplinary in nature, and would be where counselling psychologists could, and indeed sometimes do, work. The staff come from a range of professional backgrounds, with a typical team including psychiatrists, occupational therapists, clinical psychologists/counselling psychologists, psychiatric nurses and child psychotherapists. There are some qualified counselling psychologists who do currently work in this setting, and the ability to be able to use more than one therapeutic approach based on clients' needs is highly sought after within CAMHS (Georgopoulou, 2007).

As CAMHS is part of the NHS, it is also based on the medical model, which 'is at odds with how the philosophy of counselling is framed in the UK' (Walsh et al., 2004, p. 326). How does counselling psychology with its 'respect for the personal, subjective experience of the client over and above notions of diagnosis, assessment and treatment' (Lane & Corrie, 2006, p. 17) work in an environment where 'notions of 'sickness' and the

associated labels that go with the concept of mental illness prevail' (p. 17)? Through their training, counselling psychologists are used to working in many different settings and to adjusting themselves in order to fit into varied multi-disciplinary teams. Tew (2005) observed that within mental health practice 'biomedical perspectives remain dominant – and a concern with the overall complexity of a situation can become lost in an over-emphasis on diagnosing and treating individual pathology' (p. 216). As integrative practitioners counselling psychologists can offer CAMHS teams a holistic approach to working with children. Moreover, as reflective practitioners, counselling psychologists could perhaps be able to offer a more explicitly relational stance in working with children, which could be limited or even absent in a predominantly 'medical model' multi-agency team.

#### 2.3.4.3 A role for counselling psychologists with children in forensic settings?

Work in 'Forensic' settings, meaning in this context 'the Courts', and by implication, the legal system in general (Sims, 2010, p. 455), is now recognised as a key activity of psychologists across different divisions of the BPS (Orlans & Van Scoyoc, 2009, p. 89). In child and family work, psychologists are commonly used for testimonies including diagnosis of the parents or the child. The courts tend to be dominated by medical-model thinking (Sims, 2010, p. 455). The language of psychiatric diagnosis and classification can be used to provide assistance in the legal system to either the child or parent suffering psychological trauma, and possibly other distress – depression and anxiety disorders, for example. The power of diagnosis can provide an illusory sense of certainty and understanding, despite saying nothing about the causation of particular behaviours (e.g. Timimi, 2004).

Orlans and Van Scoyoc (2009) have suggested that there is a role for counselling psychologists in the court: 'A fully trained counselling psychologist is seen as a blend of "scientist-practitioner" and reflexive therapist able to present a full picture of an individual or family to the court' (p. 88). Counselling psychologists have the potential to present

formulations in a legal report which could be seen as a more informative and a useful alternative to diagnosis. Golsworthy (2004) has suggested that the judiciary are increasingly interested and willing to adopt such aids to understanding. There has been very little written in the literature about counselling psychologists working with children and families in forensic settings, but it does seem to be an area in which counselling psychology could have an influence (e.g. Sims, 2010; Orlans & Van Scoyoc, 2009).

## 2.4 Overview

This literature review has considered the current position of mental health and psychological well-being of children. It has illustrated the different paradigms used in understanding mental health needs in children. Also highlighted is the importance of early intervention and prevention. The review discussed some of the main interventions that are currently being used in children's mental health needs and the provision currently available. It also examined the current child focused training and touched upon the professional identity of counselling psychology. -As this literature review has covered many sections and a multitude ofs authors the researcher felt it would be helpful at this point to summarise the key authors from her reading. In terms of training and competency House (2007, 2008, 2010) has written a vast amount in this area and contributes to the controversial debate over whether we need specialist training or indeed any training to be a competent practitioner. His ideas can be used to explore the complexities of working with children. When thinking about professional identity and the self, important contributors to this topic are Gergen (1972; 1991) and, Burr (2003) who explore the post-modern and multiple self. This evolving self is important as it appears to parallel closely with the new and evolving counselling psychology identity. In terms of significant authors in the counselling psychology literature Moore and Rae's (2009) study is the first of its kind in exploring how counselling psychologists construct their

identity. Anning et al (2006) study is also useful in identifying what can emerge in multi-disciplinary teams and the impact these can have on an individual's professional identity. The final segment of the literature review sets out the aims and the research question of this study.

## 2.5 Aims and research question of the study

The current research adopted a qualitative approach in order to gain an in-depth understanding of the issues raised. Based on the rationale and the above literature review there was one principal aim and three interrelated sub-aims for this study, as outlined below:

Principle aim:

To understand more about how counselling psychologists construct their experience of their working professional lives with children.

Sub-aims:

1. To explore in what ways, if any, the humanistic/holistic/relational counselling psychology ethos has a relevance to the therapeutic issues that arise in various youth settings.
2. To gain insight into the identity of counselling psychologists who work with children (including any ongoing attachment to the counselling psychology identity).
3. To appreciate and assess the extent to which counselling psychologists feel that their training has prepared them for working with children.

These aims contributed towards deriving the following research question:

**How do counselling psychologists experience their role in, and perceived contribution to, working with children? – with specific reference to training and possible career paths**

# 3 Methodology

## 3.1 Qualitative methodology in psychological research

Traditionally, psychology has its roots in quantitative methodology, but since the 1990s it has experienced a 'qualitative turn' (Burton & Kagan, 1998). Epistemologically, quantitative research is based on the positivist paradigm, which is an approach to science based on a belief of universal laws and insistence on objectivity and neutrality (Thompson, 1995). Conversely, the premise of qualitative research, also sometimes known as 'human science' (Rennie, 1994, p. 235), is based on the interpretivist paradigm (Guba & Lincoln, 2005). It is commonly a 'relativist' (Nightingale & Cromby, 1999, p. 6) way of investigating and thinking about human experience, as opposed to the 'realist' paradigm of quantitative research. The 'relativist' paradigm centres on interpretive understanding and the creation of meaning by human beings, and their subjective reality.

For several reasons, a qualitative methodology was chosen to carry out this present research rather than a quantitative approach. Most importantly, preliminary email investigations highlighted the lack of counselling psychologists who work with children. As a result, the small size of this target group meant that it could be possible, and more enriching, to carry out in-depth interviews with as many counselling psychologists with this unique experience as logistically possible. Secondly, the lack of research around this specific group meant that qualitative findings are 'especially useful... because the research can reveal processes that go beyond surface appearances' (Holloway & Wheeler, 1996, p. 2), allowing for future investigations. Thirdly, although the sample was homogeneous – all the participants were counselling psychologists who worked with children – the participants

worked in a range of contexts. Qualitative methodology recognises that the social world is complex, dynamic and is constructed from multiple realities (Banister, Burman, Parker, Taylor & Tindall, 1994). This diversity within the sample had the potential to allow for a richer interpretive understanding of a range of counselling psychologists' experiences to emerge.

Finally, the researcher, as a trainee counselling psychologist whose ethos encompasses the importance of the relationship, felt that choosing a type of 'relational research' (Loewenthal, 2007), where the use of the relationship between the researcher and the researched is taken into consideration, aligned well with her relational practice. Milton (2010) remarks that in counselling psychology, 'quantitative methods seem to have largely lost their gloss for our discipline, seeming incongruent with its subjective interpretative base' (p. 46). There are also several more similarities between qualitative research and counselling psychology practice; these include subjectivity, understanding, collaboration, empowerment and a holistic perspective (Rennie, 1994, p. 250).

## 3.2 Choice and rational of method of data analysis

There are many approaches to the qualitative analysis of data (e.g. Interpretative Phenomenological Analysis (IPA), Grounded Theory, Discourse Analysis, Narrative Research, Heuristic Research), and it encompasses a wide range of strategies and orientations (Burton & Kagan, 1998). Tesch (1990) identified a total of 26 different approaches, reducing them to four basic groupings: firstly, the characteristics of language, secondly, the identification of regularities, thirdly, the comprehension of the meaning of text or action, and lastly, reflection. Smith and Van Langenhove (1995) outline methods grouped under three headings: 'the search for meaning', 'discourse as topic', and 'research as dynamic interaction'.

To answer the research question of the present study (i.e. How do Counselling Psychologists experience their role in, and perceived contribution to, working with children?) requires an analytic method aiming for the identification of regularities and searching for meaning. Both IPA (Smith, 1995) and grounded theory (Charmaz, 1995; Glaser & Strauss, 1967) seemed to fit this criterion. Discourse Analysis did not seem appropriate as it is concerned with language-in-use; that is, how individuals accomplish personal, social and political projects through language (Starks & Trinidad, 2007). The former two methods are comparable and, in practice, overlap to some extent. Indeed, Smith (1995) identifies Charmaz's constructivist grounded theory as 'writing from a broadly similar perspective' (p. 18). Therefore there is no immediately obvious basis on which to privilege one over the other as being the 'better' or most appropriate one to use. Rather, as Smith (1995) notes, each researcher 'will need to find a method for working with the data that suits' (p. 18). Mills, Bonner and Francis (2006a) also point out that 'to ensure a strong research design, researchers must choose a research paradigm that is congruent with their beliefs about the nature of reality' (p. 2).

There are differences in the epistemology of the two approaches. The aim of IPA is to create a thematic description of the pre-given essences and structures of lived experience, whereas constructivist grounded theorists consider how the interviewees construct their roles and meanings within their social lives rather than interpreting their inner experiences.

For the present author, as a relatively inexperienced qualitative researcher, the strategies to be followed in the grounded theory approach appeared to provide the more explicit supportive context for the process of interpretation. Her sense was that this approach was the most likely to keep her grounded in the data of the interview transcripts and allow the theory to emerge from the data. Furthermore, grounded theory has been recommended by a number of researchers in circumstances where there is limited pre-existing research in a

specific area (Field & Morse, 1985; Stern, 1980). For example, Stern (1980) thinks that 'the strongest case for the use of grounded theory is in investigations of relatively uncharted waters' (p. 20). As there was a significant gap in knowledge within counselling psychology in the current research area, as discussed earlier, on this criterion grounded theory seemed to be the most appropriate qualitative method to use.

Finally, grounded theory is also favourable when the participants being interviewed experience the phenomenon under investigation in different conditions and circumstances, because it allows for themes to emerge and a theory to be generated from the wide range of participants' experiences (Starks & Trinidad, 2007). As there is such a dearth of counselling psychologists working with children, participants from a wide array of child settings were approached. Additionally, as the current discourse concerning therapeutic work with children is under debate, rather than approaching the research from a specific viewpoint, which could narrow or constrain any findings, the use of grounded theory maximised the possibility of latent and hidden themes emerging from the data. For these reasons the method of analysis chosen for use in the present study was the grounded theory method.

There are a number of potential challenges to using grounded theory. Most significantly there are several versions of this methodology (which will be discussed next), which is challenging, and could even be overwhelming for an inexperienced qualitative researcher. One aspect of this challenge is the place of the literature review in grounded theory studies, about which there is still an ongoing debate (e.g. McGhee, Marland & Atkinson, 2007, p. 334). Traditional grounded theorists argue that 'there is a need not to review any of the literature in the substantive area under study' (Glaser, 1992, p. 31). Most grounded theorists agree that writing the literature review too early in a grounded theory study might unduly influence or bias the data collection and analysis, and could also be a waste of time if the data lead the analyst in a different direction (Glaser, 1992). However,

evolving grounded theorists such as Strauss and Corbin (1998) and Charmaz (2006) are more realistic with their admission that it might be impossible to delay the literature review until after the research is completed. As was the case in this study, researchers are often required to present research proposals to funding boards, supervisors and ethics committees before any data are collected. Charmaz (2006, p. 166) advises that although some literature review is necessary, an exhaustive literature review might be inhibiting. In the end, the present author had to strike the difficult balance between reading enough to be aware of and understand possible factors that could influence the area of study, and still remain open-minded to what her participants had to say. These potential difficulties and benefits have heightened the researcher's awareness of the complexity of grounded theory research.

## 3.3 Original grounded theory methodology

This current research followed Charmaz's (2000, 2006) constructivist revision of grounded theory. Variations in the epistemological stance towards the grounded theory approach can be found. The original form of grounded theory was developed by two sociologists, Barney Glaser and Anselm Strauss (1967), through their research on dying hospital patients, in which the comparative method they used resulted in the publication of the seminal book *The Discovery of Grounded Theory* (1967). The original grounded theory combined Glaser's positivist background with Strauss's symbolic interactionist roots, resulting in a theory which combined both a deductive and an inductive attitude to data analysis (Ezzy, 2003). One of their main postulations was that theory is 'grounded' in the data (Glaser & Strauss, 1967). Symbolic interactionism, coined by Blumer (1969) but with its foundations laid in the early 1900s by Mead (1934) and Cooley (1922) amongst others, is the belief that meaning is negotiated and understood through interactions with others in social processes. These social processes have structures, implied or explicit codes of conduct, and

procedures that circumscribe how interactions unfold and shape the meaning that comes from them. Similar to Mead's (1934) concept of sociality which means that a phenomenon can be several things at once, grounded theory's aim is to explore basic social processes and to understand the multiplicity of interactions that produces variation in that process (Hamersley, 1989).

## 3.4 Evolving grounded theory

After their initial publication, Glaser and Strauss worked separately. Glaser developed the theoretical side of grounded theory while Strauss developed a more pragmatic approach. The differences between them became explicit when Strauss and his co-author and former student, Corbin, published a book on grounded theory with a structured attitude to theory building, prescribing the use of 'a set of analytical tools and guiding principles' (Strauss & Corbin, 1998, p. 13). In response, Glaser (1978) published the book *Theoretical Sensitivity*, in which he insisted that data must be acquired without forcing it into pre-existing frameworks.

Strauss and Corbin (1998) can be seen to have taken on a relativist ontological position that is in contrast with Glaser's (1978) traditional grounded theory subscription to the discovery of truth that emerges from data representative of 'real' reality. Mills et al. (2006a) suggest that Strauss and Corbin's work 'vacillates between post-positivism and constructivism' (p. 3), as they have a reliance on terms such as 'recognising bias' and 'maintaining objectivity' concerning how one should act as a researcher in relation to the participants and data; yet they also admit 'that it is not possible to be completely free of bias' (Strauss & Corbin, 1998, p. 97).

## 3.5 Constructivist grounded theory

Charmaz (2006), a previous student of Glaser and Strauss, has drawn more on the original writings of Glaser and Strauss (1967) and Glaser's (1978) later works rather than upon Strauss and Corbin's (1998) guidelines which, she felt, were 'more prescriptive rather than emergent and interactive' (Charmaz, 2000, p. 524). Mills et al. (2006a) have positioned Charmaz as the 'leading proponent' (p. 6) of constructivist grounded theory and the 'first researcher to describe her work explicitly as constructivist grounded theory' (p. 7), although there have been others since (e.g. Annells, 1996; Clarke, 2005; Costain Schou & Hewison, 1998; McCann & Clark, 2003; Sandelowski, 2000). Akin to Glaser and Strauss (1967), Charmaz (2006) emphasises the importance of investigating processes, making the study of action central and creating abstract interpretative understandings of the data, and has carried on the original 'symbolic interactionist theoretical perspective'(p. 10). She also advocates many of the original grounded theory techniques of memoing, coding, sorting, constant comparison and theoretical sampling.

Where Charmaz (2006) differs from the original writings on grounded theory is in her more flexible social constructivist approach to grounded theory, whereby she rejects the notions of 'emergence' and 'objectivity' (Annells as cited in Mills et al., 2006a, p. 6). According to the social constructivist viewpoint, all human knowledge is constructed, rather than discovered, through interaction with the social world (e.g. Burr, 1995; Gergen & Gergen, 2003). As Crotty (1998) states, 'the basic generation of meaning is social' (p. 55). The active role of language is central in this approach, with meaning necessarily being situated within a social context. Social constructivists study how participants construct meanings and actions in specific situations (Charmaz, 2006, p. 130). In contrast, Glaser (1967, 1978), from an objectivist position, assumes that theory is discovered and emerges from the data separate from the scientific activity of the observing scientist and is, therefore, unaffected by bias. Charmaz (2006), in direct opposition to this view, argues that 'the theory

depends on the researcher's view; it does not and cannot stand outside of it' (p. 130). Unlike Glaser (1978), Charmaz (2006), therefore, takes the position that data and theories are constructed, and not waiting for discovery. As a constructivist grounded theorist, Charmaz assumes that both the data and the analysis are social constructions that reflect what their production entails (p. 131). She posits that 'we are part of the world we study and the data we collect' and therefore 'we construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices' (Charmaz, 2006, p. 10). Her approach assumes that both data and analysis are social constructions and acknowledges that the resulting theory is an interpretation.

This less rigid and most recent version of grounded theory seems to fit well with the ethos of counselling psychology as a field – in particular, the emphasis on the relational, its sympathy with more 'postmodern' epistemologies, and the importance of being a reflective practitioner (BPS, 2006). As Milton (2010) states, 'Counselling psychology is postmodern and multi-modal in nature, with a bent towards a holistic perspective' (p. xxiii). Charmaz's flexible, social constructivist approach appeared to be a natural choice for the present research.

## 3.6 Reliability and validity in qualitative research

The terms 'reliability' and 'validity' are routinely used in quantitative research (e.g. Creswell, 2009). The definitions for both concepts are complex, and there is no single summary for either (Winter, 2000). A much-cited definition of 'validity' is that of Hammersley (1987): 'An account is valid or true if it represents accurately those features of the phenomena, that it is intended to describe, explain or theorise' (p. 69). Holloway and Wheeler (1996) define 'reliability' as 'the extent to which an instrument, when used more than once, will produce the same results or answer in research.' (p. 162). Of all the varied

definitions, Winter (2000) concludes that it is 'accuracy and replicability – which appear to underpin their aggregated goals and means' (para. 7). What is clear in these scientifically orientated approaches is that philosophical presuppositions are made about objective truth, therefore 'there is an attempt to unearth the definitive and discover objective data as a means of contributing to knowledge and the generation of "truth"' (Greenwood & Loewenthal, 2007, p. 106).

Holloway and Wheeler (1996), amongst others, argue that these two concepts are less relevant, and even inappropriate (p. 162) for qualitative research. Greenwood and Loewenthal (2007) suggest that in carrying out a more descriptive form of research, the researcher is acknowledging that the 'scientific ambition of discovering the definitive in the realms of human observation is unrealistic and it is more likely that research makes a contribution to possibility rather than any form of certainty' (p. 106). However, there still 'must be criteria by which qualitative research can be evaluated' (Holloway & Wheeler, 1996, p. 162). Guba and Lincoln (1985, 1989) use the concept of 'trustworthiness' instead of 'reliability' or 'validity'. Trustworthiness exists in a qualitative study when the findings represent reality. They suggest that the criterion for establishing trustworthiness is based on 'credibility', 'transferability', 'dependability' and 'confirmability'. *Credibility* is when 'participants are identified and described accurately' (Holloway & Wheeler, 1996, p. 169). Robson (1993) supports the argument of Guba and Lincoln (1985) and suggests some ways of improving credibility, such as triangulation, peer debriefing and member checks.

*Transferability* concerns how findings can be generalised; however, in qualitative research, rather than trying to find the distribution of phenomena in a population, the purpose is to try and understand the phenomenon. Field and Morse (1985) suggest the importance of stating the characteristics and settings of those participating in the qualitative research for transferability. *Dependability* is reliant upon credibility. Robson (1993) states that a

qualitative study which establishes credibility will also be dependable. This can be supported by the use of, or possible use of, an 'enquiry audit', where external checks are made over the procedures used following an 'audit trail' (Robson, 1993). It is also a technique for checking the *confirmability* of the study. This concept corresponds to 'objectivity' in quantitative research, but in qualitative research the researcher is asking, 'have we been told enough about the study not only to judge the adequacy of the process, but also to assess whether the findings flow from the data?' (Robson, 1993, p. 406).

In the present study, peer debriefing was used to enhance trustworthiness by having regular supervision meetings during the research process with the researcher's supervisory team. Emergent themes were discussed and evolved through this supervisory process, which can be seen as constituting 'investigator triangulation' (Denzin, 1970). In addition, regular grounded theory meetings were set up with colleagues who were utilising the same approach to bring fresh perspectives to the research, allowing the participants to see their transcripts and add anything they felt they had not included, or take out anything they felt was not accurate. Member checks were considered, and would have involved allowing the participants to see their transcripts and to add anything they felt they had not included, or take out anything they felt was not accurate, and/or allowing participants to check the research findings to make sure they were a truthful reflection (Guba & Lincoln, 1985). Robson (1993) warns that this could result in member bias, and as a result, and due to time limitations, this was not done in the present study. However, all the materials needed for an audit trail, such as raw data, process notes, processed data and analysis products, are available so that an enquiry audit can be carried out.

# 4 Method

## 4.1 The participants

Eleven chartered counselling psychologists participated in this research. Of the eleven, nine were female and two were male. In order to maintain anonymity, each participant's name was replaced by a letter. The number of years the participants had been qualified as a counselling psychologist ranged between 1 and 20 years (Median: 10.5). One participant had attained 'chartered counselling psychologist' status on the basis of their professional experience (this possibility was available for a limited time when 'chartered counselling psychologist' status first became available). Eight participants had completed the Masters training, one had followed the current doctoral route and one had taken the independent route to chartership. All participants had experience of working with children in various settings. Of the eleven participants in this study, five worked in CAMHS and three worked in schools. Participants' demographic characteristics are presented in Table 1.

**Table 1 - Participants' Demographic Characteristics**

| Participant | Gender | Years Experience Post-Qualification | Previous Experience with Children | Child Placement During CP Training | Youth Setting |
|---|---|---|---|---|---|
| A | Female | 20 | Teacher | Yes | CAMHS |
| B | Female | 16 | None | No | Family charity and private |
| C | Female | 10 | None | Yes | Family charity which also worked with schools |
| D | Male | 10 | Teacher and Educational Psychologist | Yes | CAMHS |
| E | Female | 1 | Teacher | Yes | Charity in school and private |
| F | Female | 10 | None | Yes | CAMHS |
| G | Male | 8 | Teacher | Yes | CAMHS |
| H | Female | 14 | None | No | CAMHS |
| I | Female | 5 | Mentor | Yes | Charity in school |
| J | Female | 20 | Educational Psychologist | Didn't do training | Forensic setting and private |
| K | Female | 1 | Social Worker, Family therapist | Yes | Private and small amount of forensic |

## 4.2 The recruitment process

The participants were initially recruited through the BPS public website of Chartered Psychologists. Purposive sampling methods, i.e. participants chosen with a specific purpose, were used in order to gather a sample of counselling psychologists who had experienced the 'phenomenon under study' (Starks & Trinidad, 2007). As the research focus was working with children, counselling psychologists who had listed that they had experience of working with children were emailed the recruitment information letter (see Appendix A). This letter outlined the purpose of the research, detailing the participants' proposed contribution and inviting them to take part.

Data are collected by whichever means is relevant for the study in question (Charmaz, 2006). In the present study, interviews of a semi-structured nature were the chosen source of data. These participants were volunteers, and if they wanted to proceed, they were asked to contact the researcher, either by phone or by email. Interested participants were emailed a letter of consent (see Appendix B) to read and sign. Participants were asked to bring the letter of consent with them on the day of the interview. Recruitment was also gained by advertising for participants in the DCoP's monthly email (see Appendix C) and also in the researcher's published article in the CPR (Riha, 2010).

## 4.3 A constructivist approach to interviewing

The original grounded theorists paid little explicit attention to their relationships with participants (Mills, Bonner & Francis, 2006b), instead viewing participants' words and actions as an objective source of data. Collins (1998, para. 1) described this, somewhat disparagingly, as a 'smash and grab' approach. Epistemologically, constructivists believe that 'knowledge and truth are constructed by people and do not exist outside the human mind'

(Duffy & Jonassen, 1991, p. 9). Qualitative interviews are one source of this knowledge. Kvale (1996) asserts that the 'knowledge created by the inter-view is inter-relational' (p. 45). This relationship and construction of knowledge in the interview means that it is 'impossible to separate the inquirer from the inquired into. It is precisely their interaction that creates the data that will emerge from the inquiry' (Guba & Lincoln, 1989, p. 88). Therefore, the interview becomes the 'site for the construction of knowledge, and clearly the researcher and informant produce this knowledge together' (Hand, 2003, p. 16).

As recommended by Charmaz (2006, p. 25), 'intensive interviewing' was used with participants, which she defines as an 'in-depth exploration of a particular topic or experience' (Charmaz, 2006, p. 25). Charmaz suggests that it fits well with constructivist grounded theory methods as both are 'open-ended but directive, shaped but emergent and paced yet flexible approaches' (p. 28). In carrying out grounded theory methods, Goulding (1999, p. xx) recommends that interviews which are too structured should be avoided, as this would likely defeat the objective, which is to attain first-hand information from the point of view of the informant, rather than data which is an extension of the researcher's own expectations. Conversely, Holloway and Wheeler (1996) advise that totally unstructured interviews can cause confusion, incoherence, and the highest 'dross rate' (the amount of material of no particular use for the study), at worst resulting in meaningless data, 'particularly with an inexperienced interviewer' (p. 55). Kvale (1996) also points out that unstructured interviews require 'a high level of skill in the interviewer' (p. 13). Therefore, as a less experienced interviewer, semi-structured interviews were used. This would also allow the informant to feel comfortable enough to expand on their experiences, yet without the researcher telling or even guiding them in what to say.

The questions were contained in an interview guide with a focus on the issues to be covered (see Appendix D). The interview guide ensured that similar types of data were

collected from all informants. All the participants were asked the following opening question: 'Can you tell me about your experience of working with children?' Charmaz (2006) adds that if the schedule consists of well-planned, open-ended questions and ready probes, it permits the researcher to concentrate on what the person is, and allows one to avoid one's own 'line of questioning to slip into interrogation' (p. 30). The schedule also included open-ended questions about counselling psychology training, and whether the participants found it sufficient to enable them to work effectively with children; and questions on their role with children and whether it impacted on their counselling psychology professional identity. During the interviews the researcher kept Kvale's (1996) advice in mind, that 'the interviewer leads the subject toward certain themes, but not to certain opinions about these themes' (p. 34).

## 4.4 Counteracting the power imbalances in the interview relationship

Undertaking constructivist research commits the researcher to 'a relationship of reciprocity with the participants' (Mills et al., 2006b, p. 9). It was important to be aware of the power imbalances that may have arisen between researcher and participant. A number of ways to level out this potential power dynamic were adopted. Firstly, participants were given some background to the research and given details about the interview in advance, such as its approximate length, therefore making informed consent possible (see ethics section). Secondly, interviews were scheduled at a time and location of the participant's choice. Thirdly, a relatively flexible approach to questioning was used with the conscious intention that participants would assume more power and responsibility over the direction of the conversation. Next, as the researcher was coming from the position of relative research inexperience, this also created a space for participants to assume their own authority in the interview, again helping to reduce power imbalances. Finally, an open stance was assumed

towards the participant, with an appropriate sharing of personal research-related information and answering questions asked both during the interview and afterwards. This final point links to the notion of 'no intimacy without reciprocity' (Oakley, 1981, p. 49), highlighting the importance of the researcher investing their own personality in the research process. The extent to which the researcher experienced these power-equalising intentions to be successful will be discussed later.

The researcher consciously strove to be sensitive to the language, style of social interaction and culture of participants by adopting the terminology that they used, and incorporating this into the individual interviews. Therapeutic skills and ways of being, such as active listening, warmth, acceptance and genuineness, were adopted in order to help facilitate a good rapport between researcher and participants throughout the interviews. The researcher was mindful that developing a trusting relationship facilitates the gathering of data that is authentically grounded in participants' experience and thus more complete and rich.

## 4.5 Ethical considerations

Before conducting the interview, in accordance with the BPS Division of Counselling Psychology Professional Practice Guidelines (2005), each participant was fully informed about the process and purpose of the research and was asked (if they had not done so already) to read and sign the consent form (see Appendix B). If requested, this was discussed further with them – including the opportunity to ask any questions and seek clarification of any research terms with which they were unfamiliar – in order to ensure that their consent was as informed as possible. Furthermore, each participant was advised, both verbally and through the informed consent form, that they had the right to decline to answer any questions, and were free to withdraw from the interview at any time (BPS, 2005, p. 6). They were also made aware that in some cases the data collected might still be used, but only in an aggregate form.

After the interview, half an hour was available for debriefing (BPS, 2005, p. 6), during which time participants were asked if they had any questions or concerns arising from the interview, and were thanked for their involvement. In addition, it was ensured that the interviewee was aware of how to access appropriate support, should that become necessary following the research interview and debriefing. The support available was detailed in the participant debriefing information sheet (see Appendix E) (in order to re-iterate this to the participant), and included contact details for the BACP and the BPS, if needed. It was important to clarify the distinction between the research interview and therapy, in order to avoid any possible merging of the roles of interviewer and therapist in this instance.

Participants were given the opportunity to read their own transcripts and/or hear their audio-taped interview on request, and the researcher's contact details were left with the participants in case they had any further questions. The researcher ensured strict confidentiality by procedurally guaranteeing the anonymity of the participants. This was done by making sure that their names and addresses were not used at any stage of the research, and were substituted for by using sequential alphabetical codes to which only the researcher had access. Moreover, when writing up, the analysis extracts of the interview were carefully selected in order to prevent the participants being identified. The audio files and transcripts were kept in a secure place and in separate locations only known by the researcher. Following the Roehampton University (2010) *Code of Good Research Practice*, the audio files will be held for a period of at least ten years from the date of any publication which the files are based upon. The participants were informed that the research supervisors and/or examining board may request to read the interview transcripts; research supervisors and examiners/examination boards are bound by the Roehampton University Code of Good Research Practice. They were also advised that copies of the completed research may be placed in the University library and may be submitted for publication.

## 4.6 Reflexivity

Prior to carrying out the interview with participants, the researcher completed a self-interview in which her own responses to the research questions were recorded. This enabled a degree of self-reflexivity on the part of the researcher that served to minimise the influence of her own agenda on the research process, thus fostering the 'researchers' reflexivity about their own interpretations as well as those of their research participants' (Charmaz, 2006, p. 131). Memoing, advocated by Charmaz (2006), was used as a reflective tool throughout data collection, to record the researcher's spontaneous and reflective thinking about the data. In addition, the researcher used a journal in which to record her thinking about the research area, and how it might influence her analysis of the data.

## 4.7 The pilot interview

It was important to carry out a pilot interview to allow the researcher to be aware of any practical issues that needed to be addressed such as timing concerns, any difficulty in tape recording and any problems with the language or the structure of the interview. It was also essential for the researcher to record her own feelings and behaviour during the interview, as this would start the self-reflection process which it was essential to maintain throughout the research. In order for the pilot study to be realistic, a fellow trainee on the same counselling psychology course was approached who had experience of working with children. This pilot interview lasted approximately 45 minutes.

During this interview a number of issues arose. Firstly, the researcher was not familiar enough with the tape recorder. This led to anxiety and needing to check the device to make sure it was recording. Secondly, the researcher was not comfortable enough with the interview questions, which meant that the interview did not flow and the researcher was very dependent on her questions. This, lastly, meant that it was difficult for the researcher to

realise when a question had already been answered. During the de-brief the interviewee also noted the interviewer was nervous. The solutions to these problems were straightforward. Firstly, the researcher became familiar with the tape recorder. Secondly, she learnt the questions she needed to know by heart, which also helped with recalling which questions were already posed giving the interviewer confidence in her interview dialogue.

## 4.8 Data analysis procedure

In summary, after each interview the digital audio files were transcribed (see Appendix F and G for two examples) and then the data were analysed using microscopic examination and re-examination of the collected data, through a process of initial coding, focused coding, note-taking, memo-writing and constant comparisons (Charmaz, 2006). Coding was created by the researcher and kept close to the language of the data so that it remained grounded in the data. 'Coding' refers to the categorising of segments of data with a short name that both summarises and accounts for each piece of data. Grounded theory coding 'shapes an analytic frame from which you build the analysis' (Charmaz, 2006, p. 45). Data collection and analysis occurred simultaneously, which allowed the researcher to identify gaps in the data. In total there were eleven interviews which resulted in 5762 lines of transcript.

The first stage in the process was initial coding, whereby transcripts were broken down and named using line-by-line coding (Charmaz, 2006, p. 50). Line-by-line coding moves the researcher towards fulfilling two criteria for completing a grounded theory analysis: 'fit and relevance' (Charmaz, 2006, p. 54). Charmaz proposes that one's study 'fits' when codes have been constructed and turned into categories which 'crystallise participants' experience' (2006, p. 54). She argues that 'relevance' is when the researcher can present an 'analytic framework' (p. 54) which makes visible the relationships between the implicit

processes and structures of the data. Line-by-line coding involves looking at each line of the transcript and identifying the active code using the 'gerund' method (p. 49).

Consistent with Glaser's guidelines (1978), Charmaz (2006, p. 49) advocates that researchers use gerund codes. These are active words which end with an '-ing', in order to keep the coding closer to the participants' experiences, and force us to focus on action and processes (e.g. seeking, cultivating and becoming) rather than upon 'static topics' (p. 136). The second stage of analysis is focused coding, which refers to 'using the most significant and/or frequent earlier codes to sift through large amounts of data' (Charmaz, 2006, p. 57). This process requires decisions about which initial codes make the most analytic sense in order to categorise the data incisively and completely. Line-by-line coding and focused coding are not quite a linear process, as new codes often come up, and one then needs to go back to the initial codes for clarification.

Whilst studying the data, the researcher has certain questions in mind (Charmaz, 2006, p. 80):

- What is going on within the interview accounts?
- What are people doing?
- What are people saying?
- What do research participants' actions and statements take for granted?
- How do structure and context serve to support, maintain, impede or change their actions and statements?

The constant-comparison method is at the heart of grounded theory (Charmaz, 2006; Glaser & Strauss, 1967). As is indicated, the researcher compares data to data, so statements within an interview are compared, and interviews are compared with other interviews. Then when conceptual categories start to emerge, these are compared with other data. By making

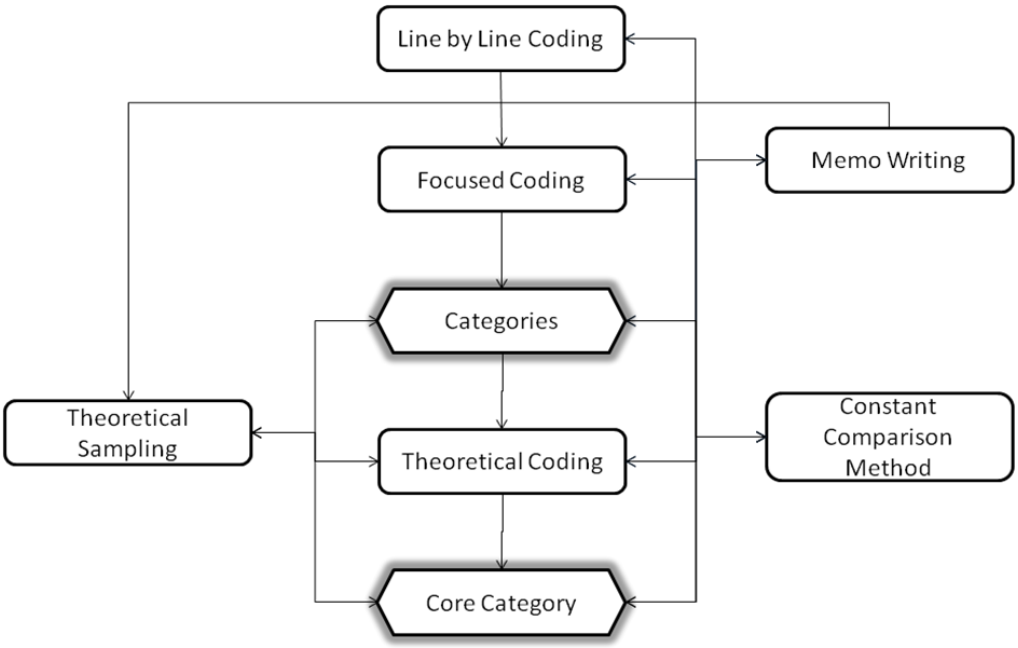
and coding numerous comparisons, the researcher's way around, and analytic grasp of, the data begin to take form.

Memoing is also a constant process throughout the study (Charmaz, 2006, p. 72). The researcher wrote down continuous memos about the codes and comparisons, and any other ideas about the data that occurred to her. Through studying data, comparing them, and writing memos, the researcher defined ideas that fitted best and interpreted the data as tentative categories (Charmaz, 2006, p. 3), 'Memo-writing led directly to theoretical sampling' (Charmaz, 2006, p. 103) (see Figure 1). As the researcher proceeds, the categories not only combine as the researcher interprets the collected data, but in addition the categories become more theoretical because the researcher engages in successive levels of analysis. After a time, categories began to emerge with high frequency and to connect to many other categories. This is the core category. Charmaz (2006) writes, 'initial sampling in grounded theory is where you start, whereas theoretical sampling directs you where to go' (p .100) and 'focuses further data collection to refine key categories in your research' (p. 110).

The researcher engaged in theoretical sampling following interview number 6 in order to develop emerging themes. This involved seeking statements, events or cases to illuminate categories. Theoretical sampling continued until interview 11, at which point gathering data was no longer sparking new theoretical insights and it was therefore concluded that 'theoretical sufficiency' had been achieved (Dey, 1999, p. 257). This notion was preferred to the original grounded theory concept of 'theoretical saturation' (Glaser & Strauss, 1967), which implies that the process of categorisation has been exhausted. Dey (1999) argues that this is an 'unfortunate metaphor' (p. 257) given its imprecise usage, as it relies on the researcher's assumption that the category is saturated. This concept tends to function more as a goal than an actual reality. The aim was to construct theory rather than use data to test a pre-existing theory (Charmaz, 1990; Pidgeon & Henwood, 1996).

Figure 1 (see page 71) outlines the data analysis process following Charmaz's model. As can be seen in the middle column, analysis progressed through a series of stages, starting with line-by-line coding and culminating with an emergent core category. Simultaneously the researcher was involved in other processes that supported and enhanced the analytical process. Memoing and constant-comparison method (in the right-hand column) occurred throughout the data collection and analysis stage. Theoretical sampling (left-hand column) and theoretical coding occurred at specific junctures of the analysis process.

**Figure 1 - The Data Analysis Process in Grounded Theory Based on Charmaz's Model**



# 5 Analysis

## 5.1 Overview

Through constructing the meaning of the participants' experiences of working with children the analysis revealed three subcategories of 'Adapting to Working with Children', 'Professional Selves' and the 'Training and Perceived Competency in Working with Children'. The subcategory of 'Adapting to Working with Children' appeared to capture the ways of being with child clients which was often unique to this client group and also the many complexities of the work. The subcategory of 'Professional Selves' emerged as a result of the majority of participants constructing their identity as fluid and changeable, taking on a number of different selves by using different professional titles, or taking on a team identity. The subcategory of 'Training and Perceived Competency in Working with Children' emerged through participants constructing career paths where they had had no specific training in working with children therapeutically. Instead they had combined their prior experience with versatile ways of learning and mostly an intrinsic and intuitive knowing.

After additional analysis, these subcategories were subsumed under an overarching core concept of 'Being a Professional Chameleon'. This key metaphor began to emerge from the data shortly after interview six (participant F) following a 'brainstorming' supervision session in which it started to become apparent that throughout the interviews, participants used similar language to define themselves, their identity as a counselling psychologist, their work with children, the profession of counselling psychology and the counselling psychology training courses. Words such as 'adaptive', 'flexible', 'creative', 'diverse', 'fit' and

'versatile' were recurrently used by all participants, which very clearly grounded the central construct of 'Being a Professional Chameleon' in the data.

The three subcategories and the core concept will be explored, separately, and in relation to the aims and the research question: **'How do counselling psychologists experience their role in, and perceived contribution to, working with children? – with specific reference to training and possible career paths'.**

To make the analytic process more transparent, there is reproduced below an extract from C's interview and the method the researcher followed between line-by-line-coding, focused coding, memo-writing and the construction of one of the subcategories (Adapting to Working with Children). Table 2 illustrates the first part of the analytic process, the line-by-line coding (Table 2 on the right) of an interview extract (Table 2 on the left).

**Table 2 – Example of Line-by-Line Coding**

| **Transcript -** Participant C: Lines 322-333 | **Line-by-line coding** |
|---|---|
| Then I think the relational and process-orientated nature of counselling psychology is very good with children because you can't, the thing about children is they, they won't do what you want them to do: an adult client may be quite polite about it, you have to be really in the moment with children and you need to be really flexible and mindful about what's going on in the room and be able to respond to something by making a joke of it or exaggerate it, or being really serious, so something about that... I always remember in my counselling psychology training, being and not doing, and I think it's really useful for working with children because children know when they are being done to and they don't like it generally. | Being relational<br>Having an emphasis on process<br><br>Thinking outside the box<br>Identifying differences between adults and children<br><br>Being spontaneous / Being in the moment<br>Being flexible / Being mindful<br>Bringing oneself into the work<br>Being playful / Being creative<br><br>Learning humanistic counselling psychology values versus the medical model techniques<br><br>Applying the training to working with children |

Through the process of focused coding, some of the line-by-line codes in the above example contributed to the construction of several focused codes as illustrated in Table 3.

**Table 3 - Example of Focus Coding which emerged from most of the participants**

| **Line-by-line codes** | **Focused Codes** |
|---|---|
| • Being spontaneous / Being in the moment<br>• Being creative<br>• Feeling comfortable with children<br>• Being engaging<br>• Bringing oneself into the work<br>• Being playful | Ways of being |
| • Being and not doing<br>• Having an emphasis on process<br>• Being relational<br>• Being mindful and reflective | Perceived contribution as a counselling psychologist |
| • Thinking outside the box<br>• Thinking beyond the individual child family/systemic/contextual/cultural<br>• Working/thinking across the life span<br>• Extra sense of responsibility | Centrality of context |

The first of these ‘focused codes’ contributed to the construction of the following memo:

> **There is a particular way of being with child clients which is different from working with adult clients. Children are spontaneous and unpredictable and it is important for the counselling psychologist to engage with children by being creative and playful. There is a certain element of feeling comfortable with working with children. Whilst this ease seemed to come from prior experience it also contained a natural quality.**

This memo is an amalgamation of various line-by-line codes describing elements of the data from each of the participants which contributed to the construction of the subcategory ‘Adapting to Working with Children’, which ultimately led to the construction of the major category ‘Being a Professional Chameleon’.

The rest of the chapter will now explore the subcategories and then the core category in more detail. For the purpose of presentational clarity, the participants’ quotations will either be indented and written in bold or placed within single quotation marks in the text for the rest of the analysis.

## 5.2 Subcategory 1: Adapting to Working with Children

Adapting to working with children meant using various styles of communication. All the participants worked with both adults and children, therefore they all described the similarities and differences of working with children compared to adults, and the greater need for spontaneity, flexibility and adaptability in this work. These themes will be discussed under the following headings of ‘Ways of being’ and ‘Understanding the Wider context’.

### 5.2.1 Ways of being

All participants explained a certain way of 'being' with a child in the therapeutic space which was different from their work with adults. All participants talked about needing to be innovative and creative in the therapeutic space, in order to engage with the child:

> **G: You might have to use pens, paper, cows and dogs. Whatever, you find a way of communicating. (G, lines 113–116)**

Being versatile was an important element of working with children and 'finding different kind of ways of engaging them' (C, lines 56–57):

> **E: I don't think you can work with children purely in one model, and what works for one child will not always work for another; it's about finding creative approaches. (E, lines 80–83)**

The words 'ways' (C, line 57) and 'approaches' (E, line 83) add a sense of changeability and an ease that these participants have in working holistically.

The theme of 'Being more normal' (B, line 120) was common amongst many participants who described the importance of lowering the professional facade, which, they explained, they used more in their adult work, and bringing something of themselves into their work with children:

> **B: I do like being more normal with people, rather than adhering to rigid ways of interacting that are deemed kind of 'professional'. (B, lines 120–122)**

> **E: What does change is, is more of a personal aspect of me that has to come into the relationship, in terms of having to engage on a different level, and there has to be a bit more creativity and a bit more – bit corny – but more playfulness. (E, lines 283–287)**

Being ‘prepared to be silly and playful’ (C, line 87) seems to be an important part of this idea of ‘being more normal’ in the participants’ work with children, and a contributory factor in allowing these participants to bring more of themselves into the therapeutic space:

> **F: There is more an element of play and getting down to their level and so on, you know, perhaps slightly less of a professional business sense about it, that children wouldn’t relate to that. (F, lines 336–338)**

Many participants described a way of being which was less ‘professional’ then when they worked with adults. B described how working with children had taught her to become much less rigid in her approach:

> **B: I think now I am very much an advocate of trying to work in a much more fluid way, rather than only seeing clients, you know, for the hour and in a nice room. (B, lines 97–100)**

Most participants also reported many similarities between working with children of all ages and working with adults. There was a general consensus that the main difference was the creative element of having to use different media.

> **K: It’s not hard to adapt some of the work you do into a piece of work you do with a child; you just use different modalities, use more tactile things, or clay, playdough or paint, or you might use pictures or stories, it’s really not that difficult, you just have to be more creative. (K, lines 171–176)**

> **C: A lot of the approaches people used to work with adults were the same as with children; you make them a bit more child friendly and child focused, and you play more games and make it more fun and do that kind of stuff, but the way of thinking about it was maybe similar. (C, lines 84–88)**

**E: I wouldn't say I really feel that I am different working with children; personally I'm different in the way I approach my work but in terms of my role I wouldn't see myself as hugely different. (E, lines 287–290)**

This suggests that the counselling psychology training, although not a specific training on working with children, provided a good foundation.

The diverse, client-centred and integrative nature of counselling psychology training seemed to help many of these participants in this holistic and relational way of working with children:

**I: You put person-centred kind of ideas into practice don't you? Because it's child, child-led therapy, so you're just using it through different media, that's all, rather than verbally. (I, lines 139–141)**

**K: The whole thing about counselling psychology, it takes on board that there are different perspectives, different ways of looking at things, and there's different ways of looking at things from the client's point of view. (K, lines 267–271)**

**E: I think it's the holistic approach that counselling psychologists, I think, are quite good at... looking at the complexities and being able to look at things from a number of different angles, and feel quite comfortable doing that. (E, lines 137–143)**

K and E are describing the pluralistic and 'postmodern' nature of counselling psychology which has allowed them to work with children in complex situations. I is describing the humanistic ethos of counselling psychology and how it is a natural fit with working with children.

However, B and H, who had no experience of working with children before, found the transition from working with adults to working with children and their families totally different and extremely challenging. Both had been used to individual adult work, and described this as a huge leap out of their comfort zone:

> **B: Yeah, I was a bit terrified really, I must have been like a frightened rabbit really... the approach was very different, just kind of get in there and talk to them [families], and that was... weird to kind of loosen up a bit and, you know, with boundaries I think it just required a lot more fluidity, and being more normal... with people... and I think eventually that, you know, kind of suited me, suits me more. I feel, but in terms of skills, I mean, I think I just kind of probably let it all go.... (B, lines 105–116)**

> **H: Yeah, I did find children a lot more complicated than adult work and I do think that you need plenty of training. (H, lines 180–181)**

C and I are describing the different ways of being with children which has been influenced by their counselling psychology training.

> **C: I always remember in my counselling psychology training, being and not doing, and I think it's really useful for working with children because children know when they are being done to and they don't like it generally, if you're being with children, that is something really useful... that kind of training is very useful in terms of what we [counselling psychologists] can bring. (C, lines 330–336)**

> **I: Clinical psychologists are much more medicalised, aren't they? Following DSM and all that, counselling psychologists are not taught to do that, are they?**

> **We are taught to know about it but treat it for what it is and critique it a lot more, I think, which is really good and. erm, yeah, that sort of I–thou thing rather then I am doing something to you. (I, lines 473–478)**

They both convey an alliance to the counselling psychology ethos which they explain as 'being and not doing' (C, line 331) and an 'I–thou' (I, line 477) humanistic-existential approach which they contrasted with a 'medical model' way of intervening which is conveyed by using the phrases 'being done to' (C, line 333) and 'I am doing something to you' (I, lines 477–478).

I emphasises how the training has taught her to be a critical and independent thinker. Participants who seemed most against a medical-model way of working worked in non-NHS settings. Both C and I worked for charities where the medical model was not the dominant model; this could be one of the reasons why they appear confident about their counselling psychology stance. The participants who worked in schools and charities where the medical model was not as prevalent spoke about the importance of a holistic approach with children, and of not pathologising them:

> **E: Counselling psychologists differ a little bit as we are working from a slightly less medicalised model so we are not... I don't see myself as putting a child in a box, this is this, this is that, erm, certainly the cases I am working with in my school, they are so complex that it certainly wouldn't fit an IAPT model of anything. (E, lines 129–134)**

> **C: I think we can offer something different to this medicalised and pathologised way of seeing children, especially, what we can do is, we can offer the relational and contextual way of seeing their problems in light of their experiences, society and culture. (C, lines 491–495)**

Both E and C are describing the complexity of working with children and that they cannot just be 'pathologised' and fitted into neat boxes. They disagree with the categorical way of thinking around 'putting a child in a box', and C describes the importance of the social-cultural aspects of children's problems.

J described how the court system was also dominated by the medical model, however she wanted to make sure that when working in the courts, other professionals knew she was a counselling psychologist and 'wasn't going to do useless tests' (J, line 56). She described being adamantly against the medical model:

> **J: You can't measure children... you can talk to them, I think that's something we are particularly good at, is the ability to bring a different way of relating and a different way of observing, a different way of understanding what's going on (J, lines 345–350)**

The word 'measure' describes a scientific and quantitative way of being with children. J appeared to have a choice to either blend in with other more diagnosis-driven clinical and forensic psychologists or to stand out and work from a more humanistic way of relating. J is describing the uniqueness of counselling psychology and, like E and C describe, how it can offer something different to the conventional medical-model approach.

The participants who worked in CAMHS were not as damming about the 'medical model' way of working. H described the importance of integrating the counselling psychology ethos of 'being with' with clinical methods of 'doing' in her work in CAMHS, especially for children under 12:

> **H: So inevitably I think I have taken some of the counselling psychology skills and melded them with the clinical methods, and I don't see anything wrong in**

> **that... in fact, I like the clinical methods, in particular with younger children, you get issues like soiling, refusing to eat, mutism, and no matter how empathic and understanding you are, you do need strategies, and specific strategies for that. (H, lines 11–15)**

In comparing counselling psychologists to child psychotherapists in CAMHS, G also implies that counselling psychologists blend clinical tools as a 'psychologist' with the counselling psychology 'relationship' ethos:

> **G: We can be a little bit more proactive and apply certain techniques and tools but fundamentally having established a safe and secure relationship with the child. (G, lines 321–323)**

These methods, 'strategies' (H) and 'techniques' (G) could be seen as a more scientific approach to working with children which seemed to be much more likely to be used in medical-model settings such as CAMHS rather than in a charity organisation. B and H's use of both humanistic and medical model approaches could also suggest a postmodern use of multiple interpretative possibilities.

K, who used to work in CAMHS, described the differences between herself and clinical psychologists:

> **K: My assessments as a counselling psychologist are usually quite different to assessments by clinical psychologists; umm, I think it's much more rounded and gives an explanation of how all these factors are influenced and what work might have needed to be done rather than pathologising. (K, lines 335–340)**

> **K: The clinical psychologists and the paediatricians were saying right, 'we are going to do the Conners rating scale, erm, so that we can decide if he has ADHD**

**or not.' Well I was saying, 'well no, I think we need to be doing family work; let's see what's happening in the family, let's see what factors are happening that might be impacting on the child's behaviour.' (K, lines 305–312)**

K is describing how medical-model practitioners see children's problems as the result of an internal dysfunction, similar to a physical disorder, rather than, for her, a normal response to an abnormal situation.

### 5.2.2 Understanding the wider context

All the participants described the significance of always being aware of the wider context of working with children. This not only included the immediate family but often the extended family and the wider community. All the participants also spoke about the many different professionals with whom they had to liaise, and be conscious of, when working with children. As a vulnerable group, participants also spoke about the issues of child protection and other complications of working with children.

Unlike the more 'one-to-one relationship' (H, line 254) in adult work, all the participants spoke about the importance of systemic thinking around the whole family when working with children. Participants explained how the child was never able to be thought of as an individual, and there was a common consensus that 'if you take on a child, you take on their family' (E, line 325) – especially the parents:

**F: Although the child is the patient, the target person who's coming, you are very much thinking about the whole family, erm, and, you know, very much about working with parents rather than just with the children. (F, lines 8–12)**

**G: Working in a CAMHS clinic is not necessarily about seeing children, although everyone thinks it is; it's the systemic work that you do beyond that...**

> **half the time you are working with mums and dads, the only way you can get to the child problems is by helping mum and dad. (G, lines 24–28)**

This meant the participants found themselves needing to be adaptive and resourceful in order to manage the different family dynamics and to be able to engage both adult and child. Participants needed to be able to 'think on your feet' (D, line 50) and be flexible in their approach, which often meant bringing other family members into the sessions, or even going into family's homes. K explained how she was often left wondering, 'who's your client?' (K, line 377), especially 'with children under 5, the work would predominantly be with parents' (K, lines 42-43). Therefore much of the participants' work was still with adults too.

Participants spoke about the many complexities and skills needed for negotiating with parents:

> **K: Children are controlled by adults so if a child has got particular behaviours as a result of their environment, unless you change their environment you shouldn't really be changing their behaviours because those behaviours might be strategies for keeping themselves safe and alive. (K, lines 393–397)**

K is describing the importance of a holistic and systemic way of working with the whole family if anything is to change for the child. The word 'changing' again implies a scientific approach to behaviour and the dangers of working exclusively with the child and altering behaviours if the child's environment is not changing.

Participants described how the 'medical model' approach was also a conflict for parents. Many parents were fearful of their child being labelled, as E explains below:

> **E: I think the parents quite like the counselling psychology approach, because some of them are very fearful of CAMHS and the more medicalised labelling of children, and I think they value the sort of holistic approach we take, so I think it does have a lot to offer in terms of reassuring parents and possibly getting some children in to get support who maybe wouldn't... so I think there is a kind of hole there that we can fill. (E, lines 260–271)**

Here, E is conveying the counselling psychology approach as an unthreatening alternative to the medical-model approach of CAMHS. The counselling psychology ethos is described as comforting for some parents who are worried about stigma and being labelled. Therefore counselling psychology can be seen to fill a gap outside of the medical-model tradition. This view can also be illustrated by K below who describes the parents who come to her private practice:

> **K: Parents who are able to pay might get appointments because they don't what to wait on CAMHS waiting lists or they don't want the stigma involved with having approached a mental health service because it all goes on the records, whereas if they come to see me, their GP doesn't have to necessarily know. (K, lines 420–425)**

Like E, K is suggesting that parents are concerned about the stigma that accompanies their child's mental health problems both for their child and, possibly, the whole family. Conversely, K also described a common attitude of parents that 'they want you to be fixing their child' (K, lines 38–39). This perhaps illustrates how the 'medical-model' and 'quick-fix' attitude has become embedded into modern culture and society.

Participants not only talked about the parents and family as integral to child work, but also the need to be aware of the whole environment surrounding the child:

> **E: It's looking at the sort of, the whole kind of milieu around the child in terms of culture. (E, lines 653–654)**

> **F: The broad ethos we all have in the team here, a general acceptance that we don't see the child on their own, we see them in the context of the school, family, community... (F, lines 36–39)**

This meant that all the participants had to work with a much broader range of professionals when working with children compared to adult work, including liaising with schools, GPs and social workers. This meant that participants were working and communicating with professionals from many different theoretical positions, and they described the importance of this multi-disciplinary team work.

Not only did participants describe the importance of the family when working with a child but they also spoke about the many more contextual complexities and restrictions when working with this particular client group:

> **H: There are all these things that you wouldn't normally expect to get with adult work. (H, lines 78–79)**

The majority of participants talked about the importance of being aware of the legalities of working with children, including child protection concerns and knowledge of how the law worked. This also included the boundaries which the participants had to maintain with the children, which A described as having become more stringent over the years:

> **A: There were less restrictions 20-odd years ago, about what you could do and how you did it; there are more rules in place now. We're not supposed to work with children individually if there is a chance of physical contact, as you're not**

> **supposed to have physical contact, so we often work in pairs; sometimes we have colleagues watching us through screens, so it's changed; there were more freedoms 24 years ago, which is a good and a bad thing, I suppose. (A, lines 18–25)**

Some participants, such as H, found the heightened responsibility of working with children much more challenging than working with adults, especially being aware of child protection issues and worrying about the many different professionals involved in child mental health needs:

> **H: There are many more pitfalls I found than working with adults... in fact, working privately with adults... I wouldn't say it was like a rest, but it was simpler... and there's not the anguish there about making terrible mistakes... you didn't have to worry about what was happening at the school... whether the paediatrician was going to be involved... whether social services were going to say you've got to come to court and we will subpoena your notes... that's happened… or you have to perhaps unexpectedly defend the rights of the child where there is a dispute about whether the child should live with the mother or father, grandmother or grandfather... I also had found a case of child abuse and really exposing that was really stiff.... (H, lines 70–77)**

H uses emotive words such as 'anguish' to suggest how difficult the work with children was at times. The differences between H's experience and the other participants possibly highlight the importance of prior experience when working with children. However, after the initial shock, B (who also had no prior experience) found the work more flexible and fluid, and she adapted by changing her approach. H, in working for CAMHS, was, arguably, handling children at the severer end of the scale in terms of emotional difficulties. However,

despite the challenges, H adapted to her new environment and 'melded' her therapy counselling psychology skills with more medically-orientated 'clinical' skills.

In summary, every participant compared their adult work to their child therapeutic work. Participants described needing 'to be really "in the moment" with children and you need to be really flexible and mindful about what's going on in the room' (C, lines 213–216), and 'to be able to adapt and find a different way of speaking rather than using your mouth' (G, lines 105–106). Many participants spoke about how they brought more of themselves into their work with children, adopting a relational 'stance' in the therapeutic space, which some described as their 'counselling psychology ethos' (C, lines 56–58, J lines 101-102). The majority also spoke about the complexity of working with a variety of different professionals, which all felt was on a much larger scale to working with adults. The extra responsibility of child protection concerns and extra stringent boundaries around working with children were also highlighted.

## 5.3 Subcategory 2– Professional Selves

The majority of the participants seemed to construct their identity as fluid and changeable, which they felt they adapted depending on their working environment. This section of the analysis is divided up into three parts 'Adaptability to context', 'Team identity' and 'Malleable professional titles'.

### 5.3.1 Adaptability to context

There seemed to be a correlation between the participants' professional identity and the contexts in which they worked. Participants seemed to have a stronger counselling psychology identity when they were working privately or independently with children (e.g. K, E and J) compared to when they were working in organisational settings. One of the reasons for a weaker counselling psychology identity in certain contexts seemed to be

because of the lack of recognition of the profession by other professionals; and in working in a multi-disciplinary team, it seemed easier for many participants to use other professional titles. As a result of the different types of contexts in which the participants found themselves working, it seemed important to separate them into smaller sections.

#### 5.3.1.1 Participants who worked in schools and for family charities

For two of the participants who worked in schools, their counselling psychologist identity was not often used, as the profession was not formally recognised:

> **E: If you went into lots of schools and said 'I'm a counselling psychologist', they wouldn't know what that meant. I may be wrong.... (E, lines 247–249)**
>
> **I: I generally call myself a psychologist if I have to; people don't understand what a counselling psychologist is. (I, lines 246–248)**

E and I worked for a charity organisation in schools which had its own hierarchy and professional titles that the schools were familiar with. Therefore they mostly used the professional title given to them by the charity. E described how, even though in the school environment nobody recognised her counselling psychology identity, it was still 'meaningful' (E, line 242) for her. This could be because of a number of reasons, including only recently having finished her counselling psychology training and having her own private practice.

E also explained the blurring of boundaries in schools, and that roles often overlapped between professionals:

> **E: I think regardless of what your training or your orientation, it's a difficult role to be in, in terms of who the children see you as, because they are so used to teachers and they will come in and call me Miss, and I will say, 'you don't have to call me Miss, I'm not a teacher' . (E, lines 174–179)**

**E: I think at times, there is a slight overlap with the work of the educational psychologist, and we do liaise quite a bit. (E, lines 204–206)**

B and C worked in charity settings which followed non-pathologising approaches. This meant that the humanistic counselling psychology values had a 'natural fit' (B, line 281) with these charities. This meant in turn that both participants retained a stronger counselling psychology identity, whilst immersing themselves in the team identity (discussed further in team identity section, see page 95).

#### 5.3.1.2 Participants who worked in CAMHS

The five participants who worked in CAMHS either struggled to maintain their counselling psychology identity or chose not to let it define them in this setting. As part of the NHS, CAMHS are part of the medical-model tradition, therefore these participants are working in an environment which tends to go against their counselling psychologist ethos and where they are in the minority – 'certainly being a counselling psychologist in the NHS is a bit of an uphill struggle compared to clinical' (D, lines 377–379). Many participants described the effort it took to form a separate identity in the CAMHS team, which meant that it was more common for these participants to 'merge' with clinical psychologists who had mostly adopted the medical-model approach and were therefore generally more popular in the NHS. These counselling psychologists seemed to not only have to struggle with being in the minority in the NHS, but were also usually the only counselling psychologist in a CAMHS team, which often had many more clinical psychologists in it:

**A: They know what a clinical psychologist does for CAMHS but they don't know what a counselling psychologist does for CAMHS. (A, lines 71–73)**

These counselling psychologists either had to adjust to this medical-model way of thinking and therefore risk erosion of their professional identity as a counselling psychologist and blend in with clinical psychologists, or try and challenge this dominant framework.

G and F described being committed to the identity of counselling psychology, but both found there to be a lack of recognition of counselling psychologists amongst other professionals in CAMHS:

> **G: In working with other professionals there is a consensus that if you're a psychologist and working in CAMHS, you are probably a 'clinical', so everyone just assumes that's what I am and addresses me as such... I find that a little bit annoying. (G, lines 84–87)**

> **F: I'm the only counselling psychologist on this team; everyone else is a clinical psychologist. I think people forget that sometimes, and there is a difference. (F, lines 235–237)**

Due to the lack of recognition as a counselling psychologist in a CAMHS team for many participants like G, it was easier to be identified as a psychologist in the multi-disciplinary team rather than as a counselling psychologist:

> **G: There is a sort of identity of being a psychologist but it doesn't come up whether it's clinical or counselling... they wouldn't really know what the difference was. (G, lines 96–99)**

The flexible worldview of counselling psychology is 'strategically a problem for the division' (D, lines 358–359), especially in the NHS, and seemed to create a weaker professional identity which is less fixed and defined, thus leading to a lack of recognition:

> **G: Sadly that uniqueness, although it's a strength for us, it's a weakness in the eyes of many other people; they don't understand the difference, they just want us to be clinical psychologists. (G, lines 374–377)**

> **F: I like the freedom of being a counselling psychologist, but then freedom comes with the price of a lack of coherence and harder to network, and perhaps feeling a bit more isolated. (F, lines 443–445)**

However, this 'weaker' professional identity appears to inevitably align with the characteristics of adaptability, diversity, flexibility. Thus from a more holistic/humanistic stance, may be having a 'weaker' or less rigid professional identity is, ironically, one of the qualities of being a counselling psychologist:

> **H: In my own mind I'm just a psychologist, I could just as easily be a clinical one as a counselling one. (H, lines 70-71)**

For H who worked in CAMHS, blending in with clinical psychologists was vital, as she felt that she needed their expertise to survive in the unfamiliar role in which she found herself:

> **H: I feel that I'm glad I did work with clinical psychologists, because I couldn't have coped with the children if I hadn't had them and learnt from them. (H, lines 36–38)**

All the participants that worked in CAMHS seemed to describe a variable and flexible identity which was needed to collaborate with other professionals in their teams.

#### 5.3.1.3 Participants who worked independently

E, who worked for both a charity in schools and privately, talked about having a stronger counselling psychology identity in her private setting, as she could work in whatever way she chose:

> **E: In my private practice where I do work with children as well, my identity as a counselling psychologist comes out a bit more as I have a bit more freedom, in terms of within the school charity there are certain protocols and certain models, and in private practice I can work with EMDR with children... I have more flexibility. (E, lines 216–223)**

J who worked privately and in forensic settings, strongly identified herself as a counselling psychologist, There seemed to be several reasons for this. Firstly, as she had taken the "grandparenting" route to recognition, she had many ties to the values of the profession. Another reason she described was her need to be able to defend her profession in the court system; 'That's the title I use and the title I defended' (J, line 50).

J described the importance of working with children as a counselling psychologist, and that counselling psychologists should not be afraid, and should instead be proud of the ethos of the profession:

> **J: I think it's OK to be who we are, we don't have to pretend to be the others... and I think particularly in working with children, it's very useful to have a more therapeutic style and be able to play with children and chat to them. (J, lines 105-109)**

K described how working privately meant that she had 'far more freedom to be creative and do some really really good work' (K, lines 583–584). Even though K described

herself as a counselling psychologist, she also spoke about wanting to be transparent about the way she worked to other professionals and clients:

> **K: I say I am a counselling psychologist, erm, but it would always depend on who I am talking to. I would also probably say I am a systemic psychotherapist because I think they need to know that that's the approach I've adopted. (K, lines 447–480)**

Here, K is illustrating the importance of communicating with others about the approach she is coming from. She also appears to be illustrating her flexibility in the professional title she adopts.

### 5.3.2 Team identity

All the participants apart from J worked in some kind of team capacity, which they seemed to construct as an important part of working with children. Many appeared to adopt a team identity in their working environment in order to support each other and work towards a shared goal of helping the child. For many participants, their counselling psychologist identity was not important in these settings and in order to blend in and be part of the team, they immersed themselves in a team or group identity:

> **G: In terms of how I see myself, I think when you work within a team, erm, I don't tend to think of myself differently from the team we have many professions here and we work together. (G, lines 90–93)**

E, who felt she had a stronger counselling psychology identity in her private practice, explained that in the school environment, her team identity was the most important identity she possessed:

**E: I don't tend to kind of differentiate myself from the other people in the hub. (E, lines 214–215)**

There was not a sense for E that she needed to stand out in the team. She had a professional title given to her by the organisation, which meant that there were other professionals such as a therapists and counsellors with the same generic title. This created a team dynamic in the organisation and illustrates the fluidity of E's professional identity.

Many participants described how they shared roles with other members of the team, which lead to a team identity:

**A: We all do similar therapeutic work really. (A, lines 39–40)**

**B: Working with a family it's so helpful if you are doing it – co-counselling or something like that, it makes it so much easier, you feel so much more supported. (B, lines 482–484)**

This sharing of roles seemed to inevitably lead to a sharing of professional identities or a collective team identity where everyone supports each other. C, in working for a family charity, described how 'there is certainly no hierarchy, a completely flat structure' (C, line 275). As the team had similar values to her counselling psychology ethos, C could have a team identity without her counselling psychology values being affected.

Even in private practice, K and B described the importance of working in a team when working with children:

**K: I work with associates now; I didn't want to work in private practice on my own because I think it's really important to have a skill mix, erm, and to be able to offload on each other, to be able to still get up and motivate each other, so I work with a team now. (K, lines 246–250)**

> **B: It [private work] just requires much more support, I think, around supervision and perhaps just peer supervision, talking it through with someone. (B, lines 519–521)**

There seemed to be a sense that it was much more isolating working privately, and relying on peers and external supervisors was particularly important. K also uses the phrase 'skill mix', meaning working with professionals who are coming from different paradigms, which she described in more detail later on in the interview:

> **K: I might work with a nurse who comes from a medical model and so she would be able to think 'from my position this is how I see this problem', and so it stops you from getting too fixed on one hypothesis, one idea; so I have always embraced the idea of more disciplinary working. (K, lines 258–262)**

This illustrates K's holistic way of working, and that even though she does not always necessarily agree with the medical-model approach (K, lines 305–312 see page 83), she describes the dangers of narrow thinking.

For H and B, who did not have any previous experience of working with children, a team identity was more valuable than their own separate identity in order for them to gain the support that they needed:

> **H: I didn't say I'm different because I needed to cope with these children... I was quite happy to be a psychologist. (H, lines 171–172)**

> **B: I just wanted to immerse myself in the multidisciplinary team, and didn't want to dissociate myself before I was connected with them. (B, lines 171–173)**

Both participants felt overwhelmed by their lack of experience and training, and needed the support provided by a team. For H working in a CAMHS team, it was clinical

psychologists from whom she learnt and who influenced her more medical-model way of doing things. For B, who worked in a charity, she had also just moved country, which she described as impacting on her feeling destabilised. Despite wanting the connection with the team, she was often 'left to kinda decipher things for myself' (B, line 69). The team's experience and knowledge helped H and B to 'learn on the job'. This will be reflected upon in more depth in the third subcategory 'Training and Perceived Competency in Working with Children'. It was evident for the majority of these participants that working in a team was a vital part of working with children and one which, as counselling psychologists, most of these participants easily immersed themselves in. The team identity could also be seen as 'sharing the load' which additionally could be thought of as 'spreading the blame' or at least a 'buffering' for issues of risk especially for participants who felt more out of their depth.

### 5.3.3 Malleable professional titles

For most participants, the work they did with the children was much more important than what professional title they possessed. This meant that most participants were happy to be fluid in their identity and professional title as a counselling psychologist. However, when it came to applying for jobs and status there was also a sense from participants that the professional title was important.

D, I and K talked about the importance of the role of working with children over their professional title:

> **D: I've never been that patient with all the different professional labels and titles around, I'm kinda more 'inter-whole' about what one is doing and where and for what purposes, rather than the job title. (D, lines 104–107)**

**K: So just because you're a counselling psychologist or a clinical psychologist or school counsellor doesn't really mean anything; it's the person that's doing the job that makes the difference. (K, lines 660–663)**

**I: I think in a few years, all these labels will be gone anyway. (I, line 261)**

In using the word 'labels' and 'titles', these participants seem to be suggesting a categorisation that is occurring that is going against the holistic, flexible and ultimately 'postmodern' way of working with children which they appear to prefer.

In particular, participants felt that their professional title 'on the whole it makes no difference to clients' (A, lines 149–151), as what is important for them is being helped:

**D: If you are working with a family in distress or a child in distress, it's not normally the most important point what your particular job title is, I mean it does matter for certain purposes and to some families more than others, if you were bringing your child to a CAMHS setting you would be more concerned to see somebody helpful rather than what the tag on the badge says. (D, lines 402–406)**

**K: For the families that are so anxious about being there, they just want to get on with it. (K, lines 486–488)**

These participants illustrate that when working with families and children this malleable professional title is particularly appropriate. D also described how the 'counselling psychologist' title does matter 'for certain purposes', such as work positions. In addition C recalled how her job title did matter for her when she was trying to apply for CAMHS jobs, although she described how it was other professionals who had the concerns:

> **C: It's tradition of job titles, when I rang several of them to ask whether or not they took applications for counselling psychologists, and they would say 'no, because we don't have that tradition', and I would say 'why not?', and they would say, 'we just don't and we have supervision and who would supervise you because there are no counselling psychologists'… How strange I don't care who supervises me, you know, as long as they will supervise me well, I don't care what they are called, just that they would supervise me well. (C, lines 140–146)**

C illustrates the flexibility and willingness of counselling psychologists to compromise in order to fit into their working environments. She also shows the discrimination which is prevalent for the profession, predominantly from CAMHS professionals who have not worked with counselling psychologists. I described the organisational rivalry between the charity she worked for and CAMHS:

> **I: It's funny, the whole CAMHS thing, if I am talking to a CAMHS person, I would make absolutely clear that I am a psychologist and that is about status completely; I am just as good as you. (I, lines 444–447)**

Here, I seemed to be suggesting that in order to be 'heard', she needed to convey to the CAMHS professional that she also had professional status. She chose not to use 'counselling psychologist', which she had described as 'too much of a mouthful' (I, line 260), but also suggested that she might have felt her status was more aligned with clinical psychologists if she called herself 'psychologist'. I is one example of how many of these participants described adjusting their professional titles, depending on who they were talking to and the setting in which they were working. K is another example of how many of these counselling psychologists draw on different professional selves depending on who they are communicating with:

> **K: I think it depends on who you talk to; some people wouldn't even know what that meant [counselling psychologist], umm, so purely on a need-to-know basis within that meeting or that discussion, and what they need to know about me. (K, lines 481–484)**

K also spoke about her dislike of 'counselling psychologist' as a professional title, as she remarked that, for her, the 'counselling' part of the title conveyed somebody less knowledgeable:

> **K: I suppose that's the big difference between a counselling psychologist and a counsellor… that a counselling psychologist has got so much more understanding about mental health then just a counsellor, and I think putting counselling psychologist possibly undermines that. (K, lines 750–754)**

This could be another reason why some of these participants just called themselves 'psychologists'. There seems to be a perceived negative connotation with the term 'counsellor' of a lesser professional standing.

A possessed a number of professional titles, depending on what organisation she was working in; however, she described this as not affecting her counselling psychology identity.

> **A: I do a different job, but I don't know how much it affects my notion of self, which is, I think, is one of the things you're trying to get at, isn't it? I don't know quite, um, I just think I do a different job for them. (A, lines 148-151)**

These participants are highlighting the theme that there is no fixed template that the professional counselling psychologist can adopt – flexibility is central to and constitutive of their professional practice and associated identity. This again highlights the fluid identity of most of these participants.

In summary, it appears that as a result of working in environments where, as a counselling psychologist, they are in the minority, they have learnt to adjust their identity to blend in, therefore often taking on a number of 'professional selves' by using different professional titles, or taking on a team identity. All the participants, without exception, described how they felt that there was still a lack of recognition over the role that counselling psychologists play in child settings, but also more widely in their general work as counselling psychologists. This seemed to force many of these participants to adopt a less rigid and more adaptable professional identity in order to fit in. For the majority of the participants, having a strong counselling psychology identity did not seem to be particularly important to their working lives with children.

## 5.4 Subcategory 3: Training and Perceived Competency in Working with Children

None of the participants had specific training (i.e. modules or courses) in working with children therapeutically. Therefore all the participants had to be proactive in their learning and be creative in their application of knowledge to clinical practice; this included learning on the job, prior experience, reading, supervision and workshops. This section has been divided into the following sub-headings 'Perceived value of counselling psychology training for working with children', 'Specific child training', 'Prior experience', 'Intrinsic quality' and 'Learning on the job'.

### 5.4.1 Perceived value of counselling psychology training for working with children

Significantly, many participants felt that certain aspects of their counselling psychology training did at least lay the groundwork for working with children. The diversity and freedom of the training, learning different theoretical models and applying these models

to various placements seemed to create a good foundation, and also appeared to be a significant factor in the adaptability of these participants:

> **J: And we have encouraged that diversity... we encourage our courses to be different, encourage individuals to have different experiences... not a rigid template... 'you must have this experience'... we work in lots of different ways and styles and modalities, rather than having a fixed idea of it. (J, lines 168–171)**

> **D: Counselling psychology was a division which seemed quite welcoming, with people with quite diverse backgrounds and quite diverse work settings. (D, lines 361–363)**

> **K: The attraction of counselling psychology, it's bringing all of those things into one model and working in the best interest of the client, whatever age they are. (K, lines 149–151)**

Several spoke about the philosophies and value base of counselling psychology, and how it was fundamental in their work with children:

> **E: I think that the underlying philosophies and values of counselling psychologists do prepare you quite well to go into a variety of settings and work quite closely with the educational psychologists and the teachers and the inclusion managers. (E, lines 59–64)**

> **C: I think that emphasis on process and of being is really helpful for working with children. (C, lines 388–389)**

E is demonstrating that the counselling psychology ethos allows counselling psychologists to work well with other professionals in various settings. C is describing the

humanistic value base of counselling psychology which fits naturally with working with a younger age group.

Some participants found that the most important element of their training that helped with their work with children was the requirement to have personal therapy:

> **E: I think to work well with children, you have to have a certain amount of self-awareness around your own history and your own experiences as a child…. I think for me it's enabled me to connect with the child part in me, which then enables me to connect with what it's like for children.... I think the requirement for personal therapy is an asset in terms of working with children. (E, lines 148–163)**

Several felt that personal therapy was the major difference between clinical and counselling psychology training:

> **I: I mean, traditionally the big difference is that 'clinicals' don't have their own therapy, which I just think is appalling... so appalling, and I think it's, you know, I find it gob-smacking actually because, you know, it's so dangerous for them.... (I, lines 456–460)**

> **A: Clinical psychologists I work with are very self-aware and very insightful, very, OK, but one of my worries about clinical psychology is there is no requirement to have your own counselling, coz if you work with troubled children they could hook into something in you, and if you haven't had practice at being a client, you might misread it. (A, lines 307-313)**

I is describing the seriousness of not having personal therapy, and uses emotive words such as 'appalling', 'gob-smacking' and 'dangerous' to convey her surprise that clinical

psychologists do not go through the process. There is also a hint of superiority in this quote suggesting a possible rivalry between the two applied psychology professions. A also 'worries' that clinical psychologists do not have personal therapy, although she neutralises what could be seen as a negative position towards clinical psychologists by initially describing them as 'very insightful'. This could be read as the participant, possibly, protecting herself from any repercussions by clinical psychologists, as she works alongside them in CAMHS. All participants perceived self-awareness as an essential part of working with children.

Some participants such as C and E felt that the training on mental health and the 'psychology' component were really useful for working with children:

> **C: We would bring a different emphasis on, erm, mental health, and on using research probably more so, and on other things that you do in your psychology degree which turn out to be quite useful (*laughs*) further down the track – all that stuff about child development and life-span development. (C, lines 218–223)**

> **E: Being a counselling psychologist is useful... because I can go into the classroom and observe, and I can pick some things up with my sort of knowledge of psychopathology, and obviously there is a huge number of children who have experienced domestic violence and abuse and... things like the ability to be able to pick up when you think a child's got post-traumatic stress disorder and get in and intervene, or some of the things that would perhaps go unnoticed by a teacher, like a child disassociating. (E, lines 180–188)**

Although E described working in a humanistic way and stated previously the less medical-model stance of counselling psychology (see pages 79 & 81), she is demonstrating above that categorisation of mental health difficulties is almost an inevitable part of working

with individuals in distress, and here she described the usefulness of counselling psychology in gaining this ‘knowledge of psychopathology’.

The content of the counselling psychology training varied amongst participants. Three out of the ten who experienced a full training had been taught systemic, CBT and personal construct models as part of their three core models, rather than the more traditional three, humanistic, psychodynamic and CBT, as part of their counselling psychology training. These three had found these models applicable to working with children:

> **H: I think family systems work was the most useful part of the training because that did come into it (H, line 44-46)**

However, F described how the models were still taught with adults in mind, and did not feel it focused enough on children:

> **F: When we were thinking systemically about the impact on the family it was much more about the adult family rather than thinking about families with young children... (F, lines 83–85)**

Nearly all of the participants described how they thought systemically in their work, and many felt that systemic training, if it was not, should have been included on the course; and those who had a number of lectures did not feel that it was enough:

> **K: I don't understand why it hasn't been incorporated more, because counselling psychology is very systemic in its approach, so it wouldn't be a big shift. (K, lines 352–354)**

> **C: I have never really understood why systemic family therapy has not been a bigger part of counselling psychology courses; erm, I can think of various answers to that, but it seems a pity... people who work in that way also work with**

**individuals, and there is a lot written about working systemically with individuals, so I often thought it was strange we did CBT, humanistic and psychodynamic and we never did any family therapy, which I thought was the fourth way. (C, lines 99–10)**

**E: We did systemic therapy but it felt a bit like a whistle-stop tour. (E, lines 327–328)**

There was a consensus amongst the participants that the counselling psychology training did not specifically prepare them for working with children:

**F: It didn't really prepare me that well for working with children and I only did a very brief amount of training directly about children. (F, lines 86–88)**

**G: I don't think the counselling psychology training specifically helped with children; erm, there was an acknowledgement that they exist almost... (G, lines 51–53)**

**I: No, they were quite funny about it actually, the message was children's hours don't count as much. (I, lines 157–158)**

All ten participants who did the training felt that there could have been more guidance on working with children provided on the counselling psychology course:

**A: I didn't receive any formal instruction about working with children and I would have welcomed that. I felt that was a bit lacking. (A, lines 215-217)**

**E: We didn't actually have very much specific training in terms of working with children... we had a little bit on child protection, which in my opinion it was probably not enough. (E, lines 88–91)**

**H: I think the training to work with children, I think there needs to be much more provided for counselling psychologists.... (H, lines 79–80)**

**H: I enjoyed working with children, but for the first two to three years it was very hard because I didn't feel that counselling psychology training equipped me for anything like what I was plunged into. (H, lines 3–5)**

Despite preferring to have more specific teaching on working therapeutically with children most participants did not find this lack of training a problem (e.g. K, lines 149–151, see page 103). This will also be discussed further in the subsequent sections.

Participants who worked in CAMHS felt that the lack of counselling psychology trainees doing a placement in CAMHS was mainly as a result of lack of support from the trainee organisations:

**A: Trainees are not being helped to find placements and not being funded to do the training so I think that's detrimental to counselling psychologists... It's a great shame we are not far more supportive in the way that clinical psychologists get the support. (A, lines 292-299)**

**F: If there was more linking in, generally with the universities, about offering placements and supervision and then more dialogue about training and networks and so on...but the whole thing with clinical psychology feels very tight, they have this tight system, and the whole thing is linked together whereas we have no linking at all. (F, lines 254-259)**

**G: With clinical training, the clinical tutor or placement supervisor will come and do interim visits and pre and post placements assessments/debriefs erm we have never had that... I know it's part of the counselling psychology way, 'we get**

**on and sort it out ourselves' and there is a lot to be said for that, it's very empowering, but without the contact the universities don't necessarily have a fair idea of what placements can offer and are offering and how they could then support that placement, so that they could encourage more placements to become available. (G, lines 230-239)**

These three participants compared counselling psychology training to clinical psychology training and all suggested that the latter training seemed to be more organised and supportive. They suggest that this could be a significant reason why so few trainee counselling psychologists work in child placements. G also comments that this lack of support structure is likely to do with the 'counselling psychology way' of being autonomous which he describes as 'empowering' to a certain extent but still advocates a stronger support system from universities.

### 5.4.2 Specific child training

Although nearly all participants felt that there could have been more specific child training on their counselling psychology courses, there were varied opinions on how much specific training was needed.

The participants who worked in CAMHS explained that in order for counselling psychologists to be more closely aligned with clinical psychologists, a compulsory six-month placement and simultaneous training module would be advantageous:

**A: I think it is a very important area; it would be nice if people could have one compulsory module and one or two chosen models on how to work with families and children, if that was possible. I think that would be useful. (A, lines 219-222)**

**F: My sense from talking to other people that have had the clinical training is that it tallies a lot better, as they will have a child placement and they will have a whole load of child training at the same time or just before. (F, lines 121–124)**

**G: If you think about clinical psychology training, one of their placements would be a child placement, so I think counselling psychology in that respect doesn't do itself any favours, because of the lack of emphasis on children. (G, lines 65–72)**

E suggested that, like clinical psychology training, maybe looking at specific client groups could be useful:

**E: I guess there is more a focus on therapeutic orientation as opposed to the client groups, and maybe there is something in that to look at... a bit more… it's getting your skills, CBT or psychodynamic or person-centred or actually how do you apply that to different client groups.... (E, lines 395–399)**

Thus, as described by E one of the differences between counselling psychology training and clinical psychology training is that the former focuses on therapeutic approaches that can be used with a diverse range of clients whereas clinical training focuses on specific client groups. Therefore counselling psychology training does not include much training on children or any other specific groups such as old age, learning difficulties or disabilities. Even though many participants would have valued certain aspects of the clinical psychology training on their counselling psychology course, none of the participants explicitly indicated that they would have preferred to do a clinical psychology training.

F suggested that it was about learning the theories and putting the theoretical models into practice in the placements:

**F: You can't cater for everybody, erm, as much as you want to, you just can't, so I think the important thing is to get the theoretical knowledge from the course and that you think constructively about how to apply it in your own individual setting, and have help from supervisors and so on to do that. (F, lines 128–133)**

Those participants who chose to work in child placements adapted their knowledge and skills learnt on adult focused modules in order to work effectively with children.

**F: I mean, I think it was about adapting what the course was asking me to do and how I could fit it into the child placement. (F, lines 99–100)**

F described how she continued to have to adapt what she was being taught to her work with children. She described how this has continued in her CAMHS team, and illustrates the importance of specialist supervision whilst working with children:

**F: Although I have supervision set up, it's someone who is qualified with working with adults, you're again thinking, how do I apply this, because it is different? We have had supervision in the past with a child specialist, the whole way she talks, the whole approach to dealing with cases is totally different, much more about using play, getting down to their level, very much thinking of development stages and what you think they are capable of doing; you just can't get the same expertise with working with adults, you just can't. (F, lines 118–190)**

Some participants felt that having specific training was dependent on the type of setting one worked in, and the level of severity of the child's difficulties:

**I: I mean, if you are going to go and work for CAMHS, for example, as you know they are supposedly working with much higher-tiered children, lots of self-**

> **harm, eating disorders and that kind of thing... so if you are going to do that specialist kind of stuff, I think you do need, you know, you should have specialist knowledge. I don't think, you know, you need to be a professor in it, as at the end of the day it's a child with problems, isn't it? The lower-level stuff, tier one and tier two; I think you just need to be a decent, nice counsellor who likes kids and who can get in there and play with them and stand back and think about it, you know, that's it, and have some kind of theoretical something to pin it on; I am not sure it really matters what. (I, lines 208–220)**

Here I is categorising child mental health needs with level of training which illustrates how the medical model notion of categorising has had an influence on her thinking. However, she also demonstrates her more non-pathological stance by describing 'higher-tiered children' as just a 'child with problems'. I also demonstrates here the ambivalence between the desire for professional training and the capacity for just being with children – this seemed to illustrate the uncertainty about the level of training needed, even amongst counselling psychologists themselves.

Some participants who had previous experience of working with children and felt comfortable with this client group did not feel that a separate specific training was necessary to work with children:

> **J: What specific training is needed? I keep trying to remind people… I think children are not a different species... I don't know why people have specific training... I can't imagine why it's necessary... but then that is against my background of being very comfortable with working with children in lots of different ways. (J, lines 274–280)**

**K: It's just about engagement; if you have a child in the room playing with toys then you would engage with them by sitting down and playing toys with them, just as much as you would engage with an adult using words. I'm not sure you need specific training to know that; it's about developing techniques, maybe, and getting some ideas. (K, lines 190–196)**

### 5.4.3 Prior experience

As indicated in Table 1 (see page 60), for the majority of participants training as a counselling psychologist was a second child-related career. This seemed highly significant, as these seven participants all felt extremely comfortable with working with children and able to adapt quickly to the settings in which they found themselves, despite not being specifically trained to work with children therapeutically. Eight had also worked in a child placement during their counselling psychology training. Again this appeared particularly relevant in relation to how the participants described their feelings of competency in these youth settings.

In particular, the counselling psychologists who had prior experience of working with children in other contexts did not seem as phased by this lack of training:

**E: Actually a lot of people I know who have worked with children and feel comfortable have had some prior experience; I also used to teach children, so I have been familiar with working with children for years. (E, lines 601–604)**

**K: I have worked with learning disabilities, young offenders and children, erm, so you gain different experiences from those client groups, and you bring those experiences into the work that you are doing in the room. (K, lines 202–205)**

**A: I was fortunate as I did have a bit of experience already... I learnt from colleagues and so on. (A, lines 207-209)**

These participants' accounts suggest that previous experience is advantageous when working with this age group. Prior experience seemed to allow these participants to feel comfortable and aware of different developmental needs of the various stages of childhood. D also described how his prior experience and qualifications probably helped with employability possibly more than his counselling psychology training:

> **D: Whenever I apply for jobs or courses people think about 'is this right guy to be doing this?' They have also been thinking or aware that I am an ed psych as well, and done family therapy training, so if they were thinking 'can he work with children or not?' You know clearly I can and do work with children, that's not necessarily to do with my CP background or not. (D, lines 384-390)**

Just two of the participants (B and H) had had no experience of working with children previously. These two participants found it the hardest to adapt to working with children, which suggests that some kind of training or experience might be important with this age group. Prior experience and training will be discussed in more detail in the discussion.

### 5.4.4 Intrinsic quality

Many participants described 'a personal quality needed to feel comfortable working with children' (E, lines 114–116) which, they believed, was innate and therefore could not be learnt on any course:

> **E: You can teach a teacher to teach but that doesn't make them a great teacher; I think that's the same with counselling psychologists; you could teach a counselling psychologist some of the aspects of working with children, but there is something else that needs to be there to be able to connect with their world... so I think there is something that can't be taught as well. (E, lines 596–605)**

**I: I don't think it's necessarily about the training, is it? It's about the person. (I, line 175)**

**J: I guess I have always felt comfortable with working with children. (J, line 14)**

**K: I suppose the biggest thing is some people are better at working with children than others, and recognising your own skills and strengths would be the most important thing: some people engage with children really really well, and others don't. (K, lines 196–200)**

It seemed that many participants perceived that an element of their competency around working with children was their natural ease around children, which allowed them to form positive therapeutic relationships.

### 5.4.5 Learning on the job and extra-curricular learning

The majority of the participants felt that they acquired most of their knowledge and competency of working with children on the job or through their own reading around the subject:

**E: You have to go out there, experience it and kind of get your hands a bit dirty. (E, lines 677–678)**

Many participants felt that learning on the job was the only way one can actually learn and develop:

**I: You learn on the job... and that was fine.... I think that's the only way you can learn, really, once you've got the sort of necessary basic idea; I did a lot of my own reading as well…. (I, lines 135–138)**

**J: In a sense we are all self-taught, how could it be otherwise?... and there is a lot of learning on the job. (J, lines 194–195)**

**E: I think I have learnt an awful lot on the job, but in some ways I think there are things they can't learn teach you on the course. (E, lines 675–677)**

This seems to suggest that for many participants, their own autonomous experience of learning, which is encouraged by the counselling psychology training, might well have been more effective in preparing them for working with children than formal training modules would have been.

However, there is clearly variation amongst the participants on this issue. B and H, who had not had prior experience with working with children nor any specific training, found the move from working with adults to working with children challenging – which seems to suggest that for the two of them, learning on the job was not enough, and either prior experience or some kind of training would have been helpful. H started a role in CAMHS and described how 'it took three years of learning on the job to feel I was coping' (H, lines 222–225). B joined a charity that works with bereaved children and their families, and described feeling out of her depth:

**B: Erm, I had had no training except watching, er, and learning on the job....**

**Interviewer: And how did that feel?**

**B: Really deskilling, it was awful.... (B, lines 54–56)**

However, B also explained that despite being out of her depth initially, the steep learning curve she experienced and her new capacity to work with any age range allowed her to eventually 'feel really embedded, confident and skilled as a practitioner' (B, line 149).

In summing up this section, many participants felt the counselling psychology ethos and the encouragement of personal development, self-awareness and diversity closely aligned with working with child clients. However, apart from J who was awarded the qualification on the basis of previous training and experience, the ten participants who had completed the counselling psychology training did not feel the training specifically gave them enough tools or techniques for working with children. There were a range of opinions over how much specific training is needed but many thought more training on a systemic model of thinking would have been advantageous. Even though the majority of the participants would have liked to see more training provided on the counselling psychology courses, all were able to adapt to the various therapeutic child settings without this specific training. This meant that these participants had to use the knowledge they had already acquired from previous experience, their own learning on the job or from their adult training and apply it to their working environments with children. Many also described the importance of an innate quality needed in working with child clients.

## 5.5 Core category: Being a Professional Chameleon

The overarching construct of what the researcher terms 'Being a Professional Chameleon' appeared to be embedded in the participants' narratives of their working lives with children. The 'chameleon' construct was found to be a common thread that was woven, albeit in different ways, throughout the interview data and the three subcategories and will now be explored in detail. In order to set the scene for this core concept, a description of a chameleon's defining characteristics and a summary of how it relates to these participants seems appropriate at this point:

> **'Chameleons vary greatly in size and body structure' (Wikipedia, 2010, para. 4) but they 'have in common their foot structure, eyes, tongues...' (para. 5).**

This group of counselling psychologists were extremely diverse, varied in the length of time they had been counselling psychologists and had differing amounts of previous experience of working with children, yet in speaking to all the participants, they all described a similar humanistic and relational counselling psychology value base from which they drew.

> **They can rotate and focus separately to observe two different objects simultaneously, this lets their eyes move independently from each other. It in effect gives them a full 360-degree arc of vision around their body. (Wikipedia, 2010, para. 7)**

Participants described the complexities of working in child settings, their capacity to work with a range of ages simultaneously and holistically. These participants talked about the importance of having to observe, separately and connectedly, the various relationships in which the child was involved, including families and the different professionals with whom they had to liaise. This also meant that the majority of the participants constructed their thinking around a systemic approach:

> **F: I think systemic is quite key... (F, line 35-36)**

> **D: I continue to be family systems minded. (D, line 266)**

> **K: My approach has always been very systemic. (K, line 513)**

> **Chameleons inhabit all kinds of tropical and mountain rain forests, savannas and sometimes deserts and steppes. (Wikipedia, 2010, para. 10).**

As a result of their counselling psychology training, these participants all talked about their ease in working in a variety of environments. Many had a number of different roles in diverse contexts, to which most were able to adapt in an apparently effortless way. The

construction of 'Being a Professional Chameleon' can also be understood as these particular individuals' skill and creativity in adapting to their environment, 'the ability to be flexible' (E, lines 674–-675) and their capacity to wear many different 'hats'. All eleven participants have been able to adapt to diverse settings and work well in multi-disciplinary teams:

> **E: I think as a profession we are quite good at being able to fit into a number of different niches. (E, lines 64–66)**

> **Both social signalling colour change, and colour change for purposes of camouflage do occur in most chameleons, to some extent. Colour change is also used as an expression of the physiological condition of the lizard, and as a social indicator to other chameleons. (Wikipedia, 2010, para. 12)**

In this study, the chameleon's 'colour-changing ability' seemed to be an appropriate metaphor for these participants' professional identity, which for many appeared to be linked to their professional title of being a 'counselling psychologist'. Like the 'colour-changing' chameleon that adapts to survive and which blend in, or stands out to attack, many of these participants used a variety of professional titles depending on the environment and the situation. All the participants had the capacity to blend into their environments, if needed, by using a generic professional title of 'psychologist' or one that they were given by the organisation in which they worked. In most cases there was a necessity of adopting a fluid identity in the child settings in which they found themselves working.

> **I: I generally call myself a psychologist if I have to... (I, lines 246)**

Conversely, one or two participants used their professional title of a 'counselling psychologist' to stand out and be noticed in certain settings. For example, J who often

worked in a court setting, explained the importance of her own separate identity as a 'social indicator' to other professionals.

> **J: I have had to work quite hard to be quite clear with people in the court system that I'm not going to do a lot of useless tests... but I am going to use my therapeutic skills and my way of relating to people... (J, lines 55–58)**

In all the contexts in which these participants worked, they were in the minority, and were often 'the only counselling psychologist' (A, line 120), therefore 'Being a Professional Chameleon' is part of their means of professional 'survival'. Participants talked about how they often used different professional titles and had a variety of different roles in their working environments, which none admitted finding a problem; instead, most seemed to thrive on such professional diversity and variability.

> **A: I think it's different in a CAMHS setting where it's predominantly clinical. I'm the odd one out, in a way, although it's not a problem. (A, lines 106-109)**

Many participants described how their integrative counselling psychology training, although not specifically designed for working with children, meant that they had developed the ability to be versatile, have a professionally variable identity and work in challenging settings, as these participants describe:

> **E: Counselling psychologists are very good at working in complex situations, because we are able to look at things from so many perspectives. (E, lines 668–670)**

> **K: The good thing about counselling psychology is it has the potential to bring all those things that are important into one way of working. (K, lines 136–138)**

**G: To me I don't see why we can't work anywhere, as a counselling psychologist you adapt your skills to wherever you work. (G, lines 133–134)**

These participants are describing a holistic and flexible way of working which they convey is appropriate for working with children.

Below, F explains how she defines a counselling psychologist in comparison to a clinical psychologist:

**F: Something about independence, I don't know why I think that, but there is something about having more independence and more freedom and being less rule bound by an organisation, having more creativity and flexible thinking.... (F, lines 433–436)**

Such a description suggests a postmodernist stance which rejects allegiance to an organisation, 'grand narrative' or 'school', but instead constantly questions or deconstructs existing ways of thinking.

This key concept seemed to capture well the process underlying counselling psychologists' construction of their experience of their working environments with children. The construct of 'Being a Professional Chameleon' and its relationships between each of these three themes were thought to be reciprocal, being illustrated in Figure 2 (see page 123) and summarised in the next section.

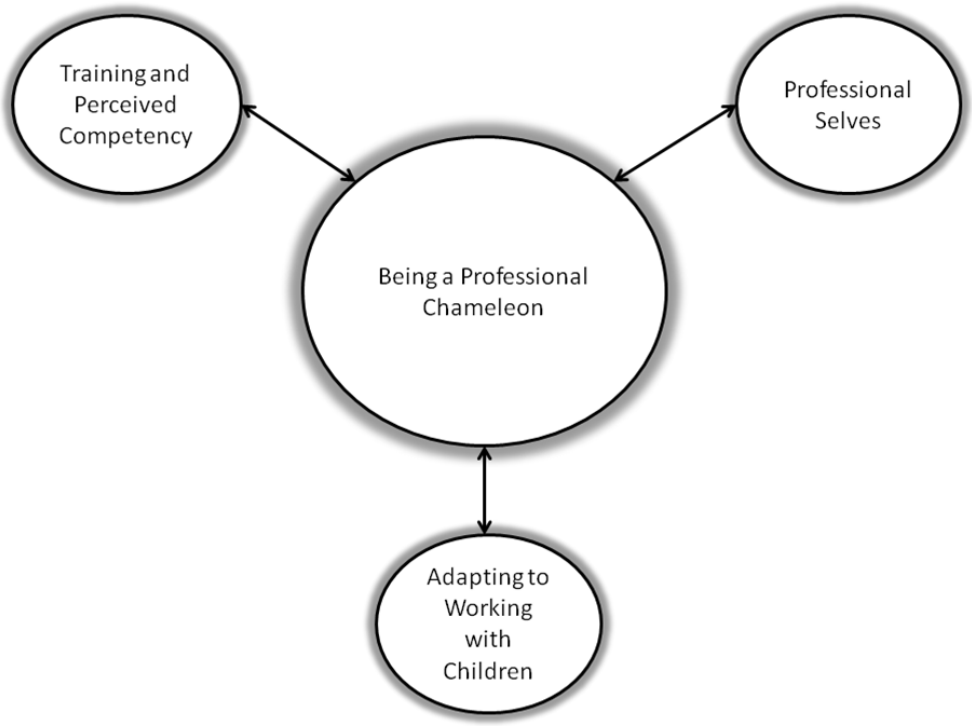
## 5.6 Summary of analysis

In summary, participants were interviewed to explore how they construct their experience of working with children, with the following research question in mind: 'How do Counselling Psychologists experience their role in, and perceived contribution to, working with children? – with particular reference to training and possible career paths'. Participants

seemed to construct their role in their working lives with children in a way that is captured well by the metaphor of 'Professional Chameleon' and through the three subcategories. With respect to the subcategory of 'Adapting to Work with Children', all of the participants talked about having to be 'adaptive' and 'creative' in working with this particular client group, which feeds into the central concept of 'Being a Professional Chameleon' . The way in which the participants constructed their 'Professional Selves' also supports the notion of 'Being a Professional Chameleon'. This 'way of being' meant that the majority of the participants' professional identity as a counselling psychologist was 'fluid'; and in order to blend in to their environments, their professional title was not always 'fixed' and 'rigid', but was 'changeable'. Another reason for this 'adaptable' identity seemed to be because the participants were not always recognised as a counselling psychologist and were, therefore, often obliged to be flexible with their professional title, especially, as, as a counselling psychologist, they were often in the minority. The 'chameleon' metaphor also emerged from the subcategory of 'Training and Perceived Competency of Working with Children'. Lack of specific child-related training meant that participants had to acquire understanding from many different sources and apply this knowledge creatively and innovatively, in a chameleon-like fashion, to their therapeutic work with children. This type of learning appeared to come naturally to many of these participants who contribute this ability to the broad and diverse nature of the training.

The discussion will be presented in the next chapter.

**Figure 2 - Chameleon Model: Counselling Psychologists working with Children - Relationships between the Core Category and the Subcategories**



# 6 Discussion

This study used in-depth interviews to engage participants in an exploration of their experiences of working with children in various settings. The research question which formed the basis of this research was: 'How do counselling psychologists experience their role in, and perceived contribution to, working with children? – with particular reference to training and possible career paths'. Analysis revealed a central category of 'Being a Professional Chameleon' in relation to the participants perceived role and contribution, which gained expression through the subcategories of 'Adapting to Working with Children', 'Professional Selves' and 'Training and Perceived Competency in Working with Children'. The following section comprises of an exploration of the core category and the three subsequent sections discuss the subcategories in relation to past and current literature and aims of the study. This chapter will also include the researcher's own reflexivity, an exploration of the limitations of the research, implications for counselling psychology, both for future research and clinical research and practice. Finally the study will end with overall conclusions.

## 6.1 Core category: Being a Professional Chameleon

This core construction is one way of addressing the primary aim: **To understand more about how counselling psychologists construct their experience of their working professional lives with children.**

This construction of 'Being a Professional Chameleon' may be significant in identifying what counselling psychologists can offer that is distinctive to working with children. The construction of 'Being a Professional Chameleon' can usefully be thought about from a 'postmodern' perspective (Burr, 2003). The majority of participants constructed

a professional identity which adapted to the environment in which they found themselves. There is a certain fluidity that goes with this identity which supports the key contemporary, 'postmodern' authors such as Burr (2003), Wetherell and Maybin, (1996) and Gergen (1991) that suggest identity can never be consistently fixed or stable. For example Gergen (1991) proposes that 'persons exist in a state of continuous construction and reconstruction' (p. 7). Today's professional has been described as 'mobilizing a complex of occasional identities in response to shifting contexts' (Stronach, Corbin, McNamara, Stark, & Warne, 2002, p. 117). It is interesting that although Stronach et al. (2002) are referring to a different professional group, nurses and teachers, according to the current findings, it could equally as well apply to this group of participants. In other words, it seems that it is a difficult task to have a fixed identity in our working lives, and in order to develop professionally, 'ready access to alternative views of the self is necessary for effective adaptation' (Rappoport et al., 1999, p. 99). The current study suggests that the distinctiveness of the counselling psychologists' contribution to working with children may come from their ability to adjust to any environment.

For the majority of these participants, who worked within multi-professional teams and a diverse client group, the possession of a fixed, stable identity was almost impossible – with flexibility being central to and constitutive of their professional practice and associated identity. These findings support Newnes (2004) who suggests that 'we can appear reasonably solid in our professional identity, but our experience within that identity is one of constantly switching through other selves' (p. 364). It might well be that the fluid professional identity necessarily goes with the territory of diversity, flexibility and adaptability. So from a more holistic/humanistic viewpoint, perhaps having a less fixed and defined professional identity is, paradoxically, one of the virtues and most empowering aspects of being a counselling psychologist, particularly when working with children. Certain participants, such as A,

constructed a professional identity as a counselling psychologist that remained intact whilst A's roles and professional titles changed. This leads back to the argument, discussed earlier, that pluralistic identity could simply be a matter of role playing (Rappoport et al., 1999). As acknowledged previously this is still a somewhat debated concept which has room for further research.

Moore and Rae's (2009) important findings of the 'outsider/maverick repertoire' both support and contrast with the construction of 'being a professional chameleon'. In support just as Moore and Rae found their counselling psychologist participants had to work harder to get where they were with little help, 'Being a Professional Chameleon' meant that these counselling psychologists also had to adapt to challenging situations, learn on the job and use their previous knowledge to get by in different contexts. Just like Moore and Rae present the outsider repertoire as an inevitable consequence of the counselling psychology ethos, 'Being a Professional Chameleon' can also be seen as an inevitable construct of the profession for the counselling psychologists who work with children. These individuals have to negotiate and always be aware of a multitude of professionals, work with both adults and children simultaneously and hold different models in mind. In contrast, to Moore and Rae's 'outsider repertoire', the study has shown how as a 'Professional Chameleon' most of the participants, apart from J, blended into their working environments, either as the team had a similar counselling psychology ethos or the participants compromised on their 'counselling psychology' identity as it was easier to work collaboratively as a team. This suggests in some ways these participants possessed more of an 'insider repertoire' however this could be seen as at the expense of a strong counselling psychology identity. This current research could be seen to add to Moore and Rae's study as it is a further illustration of how counselling psychologists perceive themselves. The subcategories will now be discussed through relevant literature and in relation to the core concept and the researcher's aims.

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## 6.2 Subcategory 1: Adapting to Working with Children

This subcategory helps to address the first sub-aim of the study: **To explore in what ways, if any, the humanistic/holistic/relational counselling psychology ethos has a relevance to the therapeutic issues that arise in various youth settings.**

Through their narratives, participants constructed their roles as being adaptable, flexible and diverse in their working lives with children. Participants described the various ways in which they worked with children, which seemed to fall mainly into the two categories of 'being with' and 'doing'. 'Being with' seemed to align closely with the humanistic features of counselling psychology (Milton, 2010) whereas the 'doing' techniques that participants described often appeared to be coming from a more 'medical model' stance (e.g. Hansen, 2008) - The latter being more typically associated with the approach of clinical psychologists.

O' Brien and Houston (2007) have attempted to describe the difference between being and doing in relation to therapeutic interventions. They propose that 'doing interventions involve tasks and activities that the therapist and the client will engage in or things they will do within a session' (p. 18). However, 'being is much more difficult to define in terms of technique and yet it plays a crucial part in therapy' (p. 18). Buber captures something of what we mean by 'being' when he writes that 'the most eager speaking at one another does not make a dialogue – for dialogue no sound is necessary, not even a gesture' (cited in Deurzen, 1998, p. 48). In working with a child client, this could translate to a silent therapeutic presence (Nader 1997) whilst they play.

The question is whether therapeutic practitioners can ever just 'be' in a therapeutic situation, especially in working with younger people. Client-centred play therapists would argue that this is possible (e.g. Landreth & Sweeney, 2003). Dorfman (1951) argued that 'a therapeutic approach which relies primarily upon the client's capacity for constructive use of himself seems to be applicable to children' (p. 275). On one level, participants spoke about just 'being with' the child client; however, there also seemed to be an underlying subtext that was operating, due to a necessity in these environments and work contexts to not only be with the child but also gather information and get some sort of social measurement in order to work out how to help the child. This was especially true in CAMHS and leans towards a more medical-model way of thinking. Moreover, in all contexts participants had to communicate and work with parents who had culturally internalised the medical model of treatment and '"medical model" expectations of the counsellor' (Soth, 2007, p. 22). Soth argues that the '"medical model" does enter our practice through our clients' pre- and mis-conceptions of the counselling process' (p. 20). Therefore the pressure from family, and sometimes organisational settings such as schools, to 'treat' the child is difficult to move away from.

In addition, in a post-'Victoria Climbié' and 'Baby P' society which is governed by stringent guidelines for working with children and child protection concerns, there is an important question as to whether practitioners can really 'just be' with a child. All participants described the complexities of working with children, and they all seemed to have to 'hold' a vast amount of information whilst 'being with' the child – for example, child-protection concerns and making sure the child is 'safe' in the care of his or her parents (Heywood, 2009, p. 309). This preoccupation would suggest that purely 'being with' the child would be difficult. Although many participants described being able to bring more of themselves in when working with children, it seemed that they also possibly had to hide

certain parts of themselves at the same time (Goffman, 1959) – for example, the 'law-conscious self' which is aware of boundaries and restrictions on working with children (although this would depend on the age of the child). These other sides are likely to be shown to colleagues, especially when working in a multidisciplinary team in contexts such as a school or CAMHS. This seems to link with the idea of multiple selves (e.g. Rowan and Cooper, 1998).

The majority of participants mentioned that they felt they could be 'more normal' (B, line 120, see page 77) when working with a child client. This could be linked to the participant's 'use of the self' (Rizq, 2010, p. 570) which is a key component of counselling psychology training. Although Miller (1962) has suggested 'that skill in using oneself is not something that can be taught, but is either a fixed personal attribute, or dependent on maturity and experience' (p. 170). This connects with the ideas about training discussed later. Also participants described the value of personal therapy during counselling psychology training in order to connect to the child within them (e.g. E, lines 148–163, see page 104) and to stay self-aware whilst working with young clients and the risks involved for both the child and practitioner without having gone through this process. Overall it appears that the personal development component of the training to be a counselling psychologist was a positive attribute to their feelings of competency in working with children.

## 6.3 Subcategory 2: Professional Selves

This subcategory helps to explore the second sub-aim of the study: **To gain insight into the identity of counselling psychologists who work with children (including any ongoing attachment to the counselling psychology identity).**

Despite being in the minority as a counselling psychologist in these different environments, at some level all the participants did indeed still connect to the holistic values of counselling psychology, described by Frankland and Walsh (2010) below:

> **What Counselling Psychologists tend to see is the uniqueness and complexity of each individual which is not captured by typology or biology or by measuring, atomizing or comparing, but only by getting to know each individual by careful observation, by taking time and...by engagement and interaction at many levels. (para. 2)**

Elkins (2009, p. 77) suggest practitioners have three basic choices: to reject the medical model, embrace the model, or try to find some middle ground. He warns that because the model is so problematic and yet pervasive, any course practitioners choose will have its own set of problems. J, despite working in the justice system where the 'medical model' stance prevailed, appeared the most aligned with the counselling psychology ethos which 'criticises the medical model and the notion of psychopathology' (Milton, 2010, p. 25). This seemed connected to being one of the earlier members of the DCoP. The counselling psychologists who worked in non-medical model settings, such as charities or privately, also constructed a strong counselling psychology ethos in their narratives. These participants were against labelling and categorising children and the 'medicalisation of psychological distress' (Strawbridge, 2001, p. 135) which, Strawbridge argues 'undermines counselling psychology's philosophy and therapeutic aim, which ultimately seeks to restore the dialogue between the individual and the world and to empower our client's agency and responsibility for their own lives and ways of being' (p. 135).

The counselling psychologists who worked in CAMHS had to work within a medical-model framework which was at odds with this counselling psychology ethos. However, as

Walsh et al. (2004) point out, 'counselling psychologists are highly skilled in the art of negotiating with others' world-views' (p. 326). For these participants, they all managed to be able to work within a team of professionals with competing philosophies such as clinical psychologists, psychiatrists and social workers and, for most, they seemed to adjust to the medical-model way of working. There appeared to be a variation in how closely these participants aligned with the whole philosophy of counselling psychology. Lane and Corrie (2006) warn that 'a move toward a more medical model could threaten precisely those attributes that make counselling psychology distinctive' (p. 17).

Conversely, Soth (2007) adamantly argues the importance of dealing with the medical-model stance 'by not polarising against it, but by embracing it' (p. 20), which appears to be how most of these participants manage working in the CAMHS teams. As 'Professional Chameleons', they are able to hold different models, in particular the medical model and the humanistic model, and blend in or stand out as a 'social indicator' when necessary. Soth (2007) postulates that 'the hallmark of a 21st-century psychology is that these positions can be held in a paradoxical embrace which recognises the validity of both at the same time' (p. 22). Thus, as Sims (2010) declares 'psychological therapy for counselling psychology is as much of an art as it is a science' (p. 462). H appeared to go one step further; her work with children and joining CAMHS meant that she adapted her way of working to be in line with clinical psychologists and a more medical-model way of working to survive. An argument could be made that the level of severity of difficulties of children entering CAMHS made a more medical-model approach appropriate. Conversely, Tew (2005) argues for plural perspectives within multidisciplinary teams to enable professionals to respond to the diverse and complex range of experiences of mental distress. This continues to be an ongoing and controversial debate.

There is also an important argument here that to take up a strong and polarising 'anti' medical model position actually goes against both the fluid and logic which a postmodern perspective, and counselling psychology practice, seek to embrace (Milton, 2010). Sims (2010) suggests that ideally counselling psychologists embrace the empirical values of the scientist-practitioner model without it overwhelming them as a reflective-practitioner (p. 462). Counselling psychologists are uniquely well equipped, through their training, to move back and forth fluidly between a medical model and non-medical model focus (according to the requirements/demands of their variable professional positioning), as they learn about both in their training. Thus again highlighting the appropriateness of the 'professional chameleon' metaphor.

For the majority of these participants, working in a multi-disciplinary team seemed an essential component of working with children, a view which is supported in the literature, particularly by Anning et al's noteworthy study (2006). As 'Professional Chameleons', many of these participants were prepared to blend in and work corporately within a multi-disciplinary team. As some participants described, 'multi-professional teamwork often means different professionals doing the same work' (Anning et al., 2006, p. 104). The notion of a team identity or collective identity (Holland, Fox & Daro, 2008) that many participants described is supported by Anning et al. (2006), who found that professionals in a multi-disciplinary environment 'are asked to reinvent themselves through a connection with other professionals' (p. 104). B and H had experienced similar feelings of disruption that Anning et al. (2006) had found amongst their participants 'when their traditional disciplinary beliefs, habits and boundaries were destabilized... the process of destabilization can make professionals feel disempowered and deskilled' (p. 97). No previous experience of working with children left B and H struggling with new positions. As Anning et al. (2006) warn, 'our professional identities may be destabilized as we grapple with new roles and unfamiliar

activities' (p. 61). This need to support each other within a multi-disciplinary team appeared especially relevant for working with children. May be there was a sense that, for the benefit of their young clients, any professional differences would need to be minimised so that all disciplines could work together as a team. This would support the government's encouragement of more joined-up thinking and integration within child services (DfES, 2003).

The ease of working in a team for these participants supports Woolfe's (1990) argument that based on the counselling psychology ethos, counselling psychologists are looking to be a complementary service, rather than to be in competition with other applied psychological disciplines. Conversely, in support of Boucher's (2007) findings, many participants had experienced professional discrimination, particularly from clinical psychologists in CAMHS or when applying for positions in CAMHS, which suggests that there may be some kind of 'clinical apartheid' attitude in the NHS towards counselling psychologists. This prejudice seemed especially evident to these participants when they met a professional who had not worked with a counselling psychologist before and therefore did not recognise their role in working with children. To collaborate effectively, professionals must understand and respect the unique training of other professionals with whom they work (Staton & Gilligan, 2003). This lack of recognition of the still newly emerging counselling psychology profession is likely to hinder this collaboration at times. Despite this common struggle, however, there was much more of a sense of collaboration than of competition for these participants in their 'team' environments with children. Whilst there were understated rivalries between different organisations, mainly the medical model orientated CAMHS and the more humanistic/psychodynamic focused charities (e.g. I, lines 444–447, see page 100), none of the participants described significant issues or competition between professionals in their own working environments with children.

Many participants described the effort it took to form a separate counselling psychology identity in the CAMHS team, which meant it was more common for these participants to merge with clinical psychologists. For H, working with clinical psychologists and applying the methods they used meant that her professional identity became more closely aligned to that of clinical psychologists. Mrdjenovichi and Moore (2004) found a similar trend, in that some counselling psychologists in healthcare settings regard clinical psychology or health psychology as more familiar or compatible, and thus they purposefully do not promote their identity as counselling psychologists (p. 75). Anning et al (2006) suggest that 'we can learn to transform our professional identities as we take on new roles and responsibilities' (p. 61). They found that in a multi-professional setting, 'some professionals wish to hold on to their identity...others are willing to transform their identity within a new setting and way of working' (p. 104). This alignment also seemed to be due to the 'safety net' of the medical model 'techniques' as its structure can allow the practitioner to feel like they are practicing 'safely'. (H, lines 11-15, see page 82). As Tew (2005) points out, 'part of the attraction of the biomedical model has been that it seems to provide answers, meanings and certainties.' (Tew, 2005, p. 9). However, as Timimi (2004) suggests that this can be an illusion as it says nothing about the causation of particular behaviours. As discussed earlier (Dogra et al., 2002), the evidence-based approach might be criticised for adopting a rather 'one size fits all' approach and not accounting for differences in individual children, context and culture.

For most of the participants, 'counselling psychologist' was a malleable professional title. Many participants shortened it to 'psychologist'. This appeared to be for a variety of reasons, but mainly because of the lack of recognition from other professionals and clients of the counselling psychology profession. This suggests that there are negative aspects to 'Being a Professional Chameleon' as the ease of malleability can also mean counselling

psychologists forego their professional title rather than 'market' themselves. Participants also spoke about the prejudices they sometimes experienced from what they perceived to be a result of the term 'counselling' coming before 'psychologist', and its connotations with a lesser professional status (e.g. K, lines 750-754). Within the counselling psychology world, others have also referred to the issue of the title 'counselling psychologist', and whether it actually represents the profession well enough. For example, Woodhouse (2010), a counselling psychologist, commenting on the prejudice her fellow counselling psychologists have experienced in CAMHS, reflects that 'this led me to consider the perception some may have with the word "counselling" in our title and if this therefore truly reflects our training, role and expertise as psychologists in a clinical setting' (p. 58). Another counselling psychologist, speaking from her own experience of discrimination, also remarked that 'it would appear that the name "Counselling" before psychologist can sometimes reduce our status to Counsellor' (Scott, 2006, p. 40).

~~The regulation of counselling psychologists, and the psychology profession as a whole, in the form of Health Professions Council regulation could have lasting implications for the future professional identity of counselling psychology (Orlans & Van Scoyoc, 2009).Whether the recent finding against the HPC in the High Court (10 December 2010), and the subsequent launching of a judicial review by six psychotherapy organisations challenging the HPC's procedures in preparing for their intended regulation of the other psychological therapies, have any effect on the regulatory situation of counselling psychologists in the future remains to be seen (Alliance for Counsellling and Psychotherapy, 2010). The notion of the applied psychologist is relevant here, as soon, all types of psychologists may have to conform to the generic title of 'applied psychologist' (Prescott, 2007). Also significant are the ongoing informal discussions that all applied psychologies (Clinical, Counselling and Health) should train on a shared path in core competences of~~

~~postgraduate psychology until the final year where they could then specialise (Kinderman, 2005; Van Scoyoc, 2005). Van Scoyoc (2005) suggests this will reduce 'conflict between different "divisions" of Society psychology (and marginalisation of counselling psychology)' (p. 48). However, these changes would affect all psychologists' professional identity and the effects of this likely regulation, change in training and amendment of professional title would be an interesting area of further research.~~

## 6.4 Subcategory 3: Training and Perceived Competency in Working with Children

This subcategory helps to address the third sub-aim of the study: **To appreciate and assess the extent to which counselling psychologists feel that their training has prepared them for working with children.**

On the whole the participants did not feel the counselling psychology training specifically helped them to work with children. However, all participants agreed that the training encouraged them to be diverse. The diversity both within and between the various counselling psychology trainings seemed to be one element of how these participants have learnt to be 'Professional Chameleons' in their working roles with children; for 'It is a diverse discipline, in that its practitioners work across modes, settings, traditions and models' (Frankland & Walsh, 2010, para. 5). Moreover, each training course will also 'vary quite a bit in their therapeutic orientations and interests, and in their teaching and learning styles' (Bellamy, 2006, p. 4), which means that qualified counselling psychologists will tend to end up with different formative experiences. Diversity is actively encouraged and privileged in the training, and participants seemed to be used to working in many different settings, and to

applying different models and approaches, depending on the particularities of the individual client.

It was evident that these counselling psychologists drew on a range of theoretical approaches adopting an integrative and holistic approach to their work rather than a single 'pure' theoretical model. The theories the participants used included humanistic, psychodynamic, cognitive behavioural therapy, positive and systemic psychological theory. All participants spoke about the significance of a systemic way of thinking when working with children and the need for it to be a greater emphasis in counselling training programmes. Bor and Legg (2003) argue that a strength of the systems paradigm is that it 'encourages the counselling psychologist to consider the possibility that the "problem" is located outside the identified patient' (p. 265). This study suggests that counselling psychologists can offer a breadth of knowledge from a range of psychological theories and have the ability to apply this knowledge in innovative ways to support their work with children and their families.

In their work with children, participants therefore seemed used to being flexible in their approach. As Frost (2001) has insisted, 'the task of professional training is to generate creative, flexible, critical learners able to respond to the uncertainty and change of the real world' (p. 15). On the basis of the findings in the current study, counselling psychology training programmes do seem to be accomplishing this for their trainee counselling psychologists. Although conversely, the concept of a fluid identity could, in some ways, clash with how counselling psychology training appears to be being taught. Despite the diversity of the programmes, it seems that counselling psychology training is adhering to and constructing a certain set of fixed identities around the belief that counselling psychologists should only work with adults. It became clear from comparing participants who had completed their counselling psychology training 20 years ago to counselling psychologists that had just finished their training, that courses had not changed that much over this period.

In the words of Aristotle 'for the things we have to learn before we can do, we learn by doing' (cited in Bynum & Porter, 2005, p. 21). The majority of participants in the study talked about the importance of learning on the job. Such a response is consistent to Schön's (1983) learning theory of reflection-in-action, which amongst other things, he defines as a description of an intuitive understanding of how to act as a practitioner (Schön, 1983, p. 276). The counselling psychologist brings 'artistic, intuitive processes... to situations of uncertainty, instability, uniqueness and value conflict' (Schön, 1983, p. 49). Schön (1983) suggests that those who manage uncertainty and unfamiliar situations will thrive in these situations. For example E described how 'I've got to the stage that I realise the more I know the more I realise I don't know but I think that's quite a healthy place to be' (E, lines 584-586). This also supports the ideas of Atkinson and Claxton (2000) and Mytton (2003) who argues that 'so much of a good counselling psychologist's activity...is based on intuition and instinct... Theory and techniques can be taught but something more is needed above and beyond the knowledge and practice.'(p. 56).

Although many participants would have liked additional child-related training, the arguments outlined above puts into question the need for specialist training, discussed in the literature review. It could be argued that such a 're-inventing of the wheel' through their own autonomous experience was actually more effective in preparing these participants for working with children than formal training modules would have been. All these participants appear to be practising competently, which could perhaps support Young's (1993) argument that 'a very good therapist does not get that way primarily by taking more courses or studying at a particular institution' (p. 84) and also Mowbray's (1995) proposition 'that perceptiveness, (intuition?), talent and wisdom are also important factors' (p. 123). The participants' recognition of a personal quality needed to work with children is supported by, House (2010), one of the prominent authors in this study both on childhood and the debate on

training, who points out that, 'intrinsic nature does play a very important part in the capacity to do the work of counselling, psychotherapy and counselling psychology' (p. 234). Aveline (2005) also argues for the characteristics of the therapist as being essential for effective psychotherapy.

Therefore, might it be valid to assume that a generic counselling psychologist can be as effective as a specialist counsellor when working in specialist areas? The question is whether a good generic training course is sufficient to enable a counselling psychology graduate to work with children, assuming it includes, say, an appropriate placement and effective supervision; or do counselling psychologists require more specialist training? Put more generally, do counselling psychologists need specialist training for working in specialist areas? Many participants pointed out that apart from one or two lectures, there was little focus on any specialist group on their counselling psychology courses, for example older adults or special educational needs. As some participants remarked, how can a generic training cover all specialist groups (e.g. F, lines 128–133, see page 111)? However, there are some commentators who would argue that a child module should be a part of the generic counselling psychology training. Stoltenberg (2005) has argued that focusing more on children and adolescents would enhance counselling psychology training programmes, and adds, 'how can we call ourselves generalist training programs without significant attention to understanding and intervening with children and adolescents?' (p. 684).

As discussed earlier, there are professionals who argue that specialist training to work with children is necessary, based on the premise that working with children is a complex and unique discipline in its own right (e.g. Kegerreis, 2006). What seemed to emerge from participants' narratives was the variation of opinion on how much, and if any, specific child training is needed. There was a general consensus that a lengthy child training, as stipulated by the ACP (2010a), is not necessary. Most participants suggested that having a compulsory

module on child work, and possibly a child placement, would help and, possibly, encourage more counselling psychologists to work with this age group. This would also parallel more with clinical psychology training and therefore give counselling psychologists more opportunities in places like CAMHS. However, in a field which is now governed by professional bodies such as the HPC, which has implemented continuing professional development and 'a commitment to lifelong learning' (Hammersley, 2003, p. 651), maybe regular day and weekend workshops would suffice rather than a further intensive child-related training. This continues to be a contested issue which has not been resolved.

It is important to reflect on the prior experience of the participants in this study. For many, their first career had also been working with children, but usually in a non-therapeutic setting such as teaching. Orlans and Van Scoyoc (2009) point out that 'it is not unusual for counselling psychologists to have a varied background…with counselling psychology representing a second career' (p. 92). The fact that 9 out of 11 participants had worked with children previously seemed significant, and suggested that for these participants, there was a natural progression to work with children after their training as a result of their previous experience. They were also more likely to do a child placement during their training. Such a child placement seemed to be an important decider for participants whether to carry on working with children; without this experience, it seems unlikely that trainees will attempt to look for work in the child sector once they have qualified, or like B and H feel out of their depth. In order to fill the gap of counselling psychologists working with children, it seems that at least a mandatory child placement whilst training might encourage and give trainees the opportunity to work with this age group. It is also possible that participants were generally more employable in youth settings as a result of their previous experience with children (e.g. D, lines 384-390, see page 114).

However, an argument can also be made that these participants wanted their identity to be broader than a specialist child mental health professional. As counselling psychology training is a substantial financial investment (Walsh, Frankland & Cross, 2006, p. 372), it is likely that the decision to do the training is made after considerable deliberation. This means it is probable that these participants saw the value of this generic training over a specialist training, preferring the generic skills and tools that have more applicability in the field of counselling psychology (and probably in the job market) than the specialist training resources available on an alternative child-focused training course.

## 6.5 Reflexivity

As Banister et al. (1994) state, 'reflexivity... is about acknowledging the central position of the researcher in the construction of knowledge' (p. 151). The findings of this study are based on these eleven participants' perspectives, and the researcher's interpretation of their views, and cannot therefore be generalised to the overall population. What is presented here is just one possible construction of the data, and by including many quotations from all of the participants, it is hoped that the findings are sufficiently transparent to allow readers, at least to some extent, to deduce their own interpretations from the data. Throughout the research process, the researcher had to be open to the possibility, and consciously aware, that the categories that were being constructed might not actually transpire in the end. Certain concepts were ultimately constructed; however, the researcher does not claim to have uncovered generalisable 'truth' about these counselling psychologists' views, merely to have illuminated some local and contingent 'truths' on the research issues. This is in line with the ethos of the analytical stance taken in this thesis by the researcher.

Banister et al. (1994) also discuss the importance of 'constructive criticality' (p. 171) whilst carrying out a qualitative study. Following this advice the researcher felt it was

invaluable to critically reflect on elements of this study where she had a primary influence. The researcher began the project as a relatively inexperienced interviewer. The pilot interview did help her to fine-tune her interviewing skills; however, it has to be acknowledged that further training and experience may well have enabled greater proficiency in the interviewing. One difficulty the researcher became aware of during the course of the interviews was her tendency to slip into a therapeutic mode of interviewing, which is the researcher's natural stance in her clinical work with clients, in which the asking of questions is by no means a routine occurrence. For example, the researcher would occasionally find herself reflecting back what the interviewee had answered in response to a question. She was conscious throughout the interviews that this was either happening or in danger of happening, and of trying to stay in the 'researcher mode' and maintaining the boundaries. Nevertheless, her natural stance emerged occasionally; and although it was highly probable that the interviewees felt 'heard' during the interview as a result, it also meant that the interviewer may have missed out on asking more challenging exploratory questions, by slipping into the reflecting mode instead. Though, it could also be argued that those with a therapeutic training are sometimes more apt at conducting research interviews since some of the skills used in the two roles overlap (Gregoire & Jungers, 2007).

The interviewer's three identifiable characteristics of being female, in her late twenties and a trainee counselling psychologist are significant, and are likely to have influenced participants' responses, and also how the interviewer interacted with the different interviewees. These three characteristics combined arguably contributed towards equalling out at least some of the power imbalances that the researcher might have had over the participants by virtue of her role as researcher. In some interviews, it seemed to actually tip the power towards the participant, with participants in all cases being older than the researcher, and more knowledgeable of this subject area.

In terms of the interviewer being a trainee counselling psychologist, the participants, knowing the interviewer inhabited the same counselling psychology 'professional community' may not have spoken about certain topics. One possible reason for this could have been due to the participants wanting to come across well in front of a trainee in their own professional field. Conversely, it could have been a fear that despite the assurance of anonymity, they would still in some way be identified by someone in the counselling psychology field, as there were so few counselling psychologists working with children. In most cases, it seemed that being a younger interviewer allowed the participants to feel at ease, possibly in the knowledge that they were more experienced in the field.

At times the interviewer was conscious that her younger age meant that she was sometimes hesitant to probe the interviewee or ask for clarification, possibly as a result of the interviewee's own stance on respecting colleagues more professionally experienced than herself. In transcribing the data she noticed that various participants had illustrated an ambiguity in their opinions on various topics which 'may in fact be adequate reflections of objective contradictions in the world in which they live' (Kvale, 1996, p. 34). However, Kvale (1996) also advises that it is the interviewer's role to clarify 'whether the ambiguities and contradictory statements are due to a failure of communication in the interview situation, or whether they reflect real inconsistencies, ambivalences and contradictions in the interviewee' (p. 34). This clarification process was more difficult with certain older participants and the male participants, most likely due to the reasons stated above.

In further reflections, the researcher was committed to adhering to the ethical BPS Division of Counselling Psychology Professional Practice Guidelines (2005) and took many steps to preserve confidentiality including making sure the participants were not known to the researcher before the research and not using a 'snow ball technique' (Holloway & Wheeler, 1996) to accrue participants. In addition, following these guidelines, none of the participants

were coerced, they all gave their informed consent, volunteered to take part and were debriefed thoroughly afterwards.

## 6.6 Limitations

There were a number of limitations which the researcher became aware of whilst immersed in the study, once it was completed and once she had had time to reflect on the overall process. These limitations will be explored below.

Admittedly, this is a 'small' sample and a larger one would have been preferable; however, the lack of counselling psychologists who work with children meant that it was a struggle to even gather eleven, and these were sought from all across the United Kingdom. To set against this, however, that a qualitative grounded theory method was adopted, and 'theoretical sufficiency' reached after eleven interviews, suggests that, certainly within the logic of the grounded theory method, the findings presented here do have a level of validity.

In addition, the wide diversity of settings in which the participants worked meant that it was a complicated task to acquire universal themes; but again, the dearth of counselling psychologists working with children, especially in schools, meant that it seemed important to cast the researcher's net as widely as possible in order to achieve a sample size from which meaningful data could emerge. If there had been no time limitations, the researcher would have attempted to carry on recruiting participants; as it was, however, she was constrained by a Counselling Psychology Doctorate timeline. However, and as already stated, after interviewing eleven participants, 'theoretical sufficiency' had been achieved (Dey, 1999, p. 257), which meant that no new theoretical ideas were emerging.

Another related issue which the researcher became aware of during the interview process was that some participants had acquired a number of professional titles alongside

their counselling psychologist qualification. Again, if the researcher had more time she may have decided to seek out participants who had only qualified as counselling psychologists. However, the issue that arises again is the limited number of counselling psychologists working with children; and it would not be legitimate to assume that if all of the participants in the study had only been aligned to counselling psychology, that they would have necessarily spoken consistently from that position throughout their interviews. Thus, participants are likely to speak from a wide range of possible positions across their interviews even if they only possess one professional title – for example, positions as psychologists, therapists, counsellors, men, women, radicals or good employees (Craven & Coyle, 2007). In addition, it would have been interesting to have had more male participants. However, the 2:9 ratio in this research is possibly a realistic representation of the actual percentages of male and female counselling psychologists in the field of child work. Further research would be needed to explore whether these proportions are a reasonably accurate representation of the total population of counselling psychologists working with children.

It could also be pointed out that the researcher, whilst still following the grounded theory methodology, could have used another qualitative research tool such as focus groups, a mixed-methods approach or have carried out a full ethnographic study, 'recording the life' (Charmaz, 2006, p. 21), which might have included, *inter alia*, observation, interviews and questionnaires. Grounded theorists encourage researchers to use various types of methods. Individual interviews have been criticised for being too specific to the research context and therefore artificial, and, possibly, of limited value as a result. Focus-group interviews carry the same risk, but perhaps to a lesser extent as it may be possible – with care and skill on the part of the interviewers – to foster a relatively free-flowing discussion (Stewart, 2007). Given that the researcher sought to gather data from very busy professionals who were located around the UK, it would have been difficult logistically to have organised them into one or

more focus groups. An ethnographic study 'demands time and commitment' (Charmaz, 2006, p. 24), and so too does a mixed-method approach. For practical reasons, time constraints and also issues of confidentiality (as a result of a limited amount of counselling psychologists in this area), the researcher therefore opted for individual interviews. While the researcher was aware of the limitations that this could impose on the analytic outcomes, she felt that it was preferable to have what might be limited data on this important topic for counselling psychology, rather than nothing at all.

It may be argued that another type of qualitative study, such as Smith's (1996) IPA, would have been more suitable for this study, as this looks at the participants' worlds more specifically. However, the researcher was aware of the different types of grounded theory method, and purposely chose Charmaz's (2006) social constructivist and subjectivist variant in order to study the psychosocial aspects of the participants' lives. This approach also aligned well with the postmodern foundations of counselling psychology (Milton, 2010). It could also be argued that IPA and Charmaz's version of grounded theory have few practical differences between them (Willig, 2001).

## 6.7 Implications for counselling psychology

The potential future implications this research will have on the counselling psychologist profession are discussed in the two following sections future research and clinical practice.

### 6.7.1 Future research

As far as the researcher was aware, at the time of writing, no other investigations had been carried out on the role that counselling psychologists play in working with children. Although this meant that the area was fruitful for enquiry, it did present limitations in terms of comparisons, and this suggests that further similar research would be useful. As stated

previously, counselling psychology in Britain is still developing, and it would therefore be interesting to see how the picture of counselling psychologists working with children changes over time. Deciding whether these constructions represent a transient developmental stage, or a more permanent trait, will certainly require further study. It would also be very interesting to explore whether the 'professional chameleon' construct can be seen to extend to the professional role of a counselling psychologist in *any* setting and with any client group. Further research in counselling psychology is needed to expand the counselling psychology literature, and the role that counselling psychologists play in various different contexts in the UK.

Future research could also explore the type of person who is attracted to becoming a counselling psychologist. This would highlight whether the 'professional chameleon' concept emerged through the process of training as a counselling psychologist; or it might also be that those people who are drawn to train as counselling psychologists were already temperamentally the kinds of people who are adaptable and easily embrace such flexibility. For the majority of the participants, counselling psychology is a second or third career, which suggests that it tends to attract a person with more life experience. This has been noted in the counselling psychology literature (e.g. Orlans & Van Scoyoc, 2009). A comparison of whether counselling psychologists come to this profession at a later age than say, nurses, doctors or clinical psychologists, would be an interesting area to explore.

Participants spoke about other child professionals in their teams however it was difficult to get a sense of how these professionals viewed counselling psychologists. In order to explore how the different professionals perceive counselling psychologists and counselling psychology it would be interesting to use a broader range of professionals as participants, particularly clinical psychologists, child psychoanalysts, school counsellors and educational psychologists. Following on from Bor and Lewis's (1998) and Benanti's (2002) studies, it

seems important for the development of counselling psychology to see whether other professionals see them more as collaborative professional partners or as a profession in direct competition with their own. Knowledge of how other professionals view counselling psychologists could allow them to understand the areas which they need to invest in as a profession and warrants further exploratory research.

The researcher was also approached by a number of trainee counselling psychologists who worked with children who were interested in taking part in the study. Unfortunately, interviewing these trainees was beyond the scope of the current research. However, in order to expand on this current research, an exploration of trainees' perspectives on working with children would open up many more avenues around training.

### 6.7.2 Clinical practice

The study suggests that a number of implications for the counselling psychology practice have emerged in regards to possible career paths. This section is devoted to a discussion on how the counselling psychology profession can move forward in establishing itself as having a secure role in working with children.

The fact that none of the participants had had a lengthy child training, yet were all working in a variety of different child contexts through extra-curricular learning and prior experience, suggests the opportunity for many more counselling psychologists who enjoy working with children to become involved. Such a view would also be consistent with House's (2007, 2008) argument that training to become a therapeutic practitioner is typically an idiosyncratic, intrinsically unpredictable vocational path which it might be inappropriate to regulate and control too closely. Participants worked in a wide array of settings, illustrating the many areas in which counselling psychologists can become more involved to benefit young clients and their families. However, as 'Professional Chameleons' they were more

likely to blend in to their working environments rather than promote themselves as counselling psychologists. The characteristics of 'Being a Professional Chameleon' has many advantages, as discussed earlier, but could also lead to difficulties in promoting the profession in child-related fields. This construct may explain, in part, why counselling psychologists have found it so difficult to identify and highlight to others what it is they offer that is unique and distinctive. Also counselling psychologists who have a more fluid professional identity may be less likely to carry out research promoting their individuality possibly preferring practice rather than counselling psychology research. This idea would need further research to illustrate this point.

It seems in order to encourage more counselling psychologists to work with children there needs to be a higher profile of youth work in the profession. From these participants narratives and as discussed in the introduction to this study, there are a number of reasons why counselling psychologists are not working with children, which all seem to be in some sense interrelated. This has resulted in a bottle-neck at many different organisational and training levels, with the outcome being fewer counselling psychologists working with children. At counselling psychology training institutes, it is rare to find a counselling psychology tutor who works with children, therefore understandably, it does not tend to be promoted on the course. This means in turn that there are no compulsory modules with children. Also counselling psychology trainees are only allowed to count a certain amount of hours with children towards their training course's clinical requirements and organise their own placements. Thus there is not an easy or predefined route to working with children. This very likely dissuades many, if not most, trainees from going on child placements, and they therefore do not then obtain enough experience in working with children, so that when they do eventually qualify, a much easier career route is to work with adults. Counselling psychologists will continue to be in the minority in youth settings unless changes are made at

training and organisational levels. This could be one of the key reasons why the career path and possible role for counselling psychologists working with children in the UK is still far from being clear or well-defined.

It can therefore be seen that there is somewhat of a 'Catch 22' operating in this realm, with trainings not currently seeing the relevance of specialist modules on working with children, and the lack of counselling psychology trainers who work with children meaning that it is unlikely that modules on working with children will be introduced on training courses. However, the current study has shown that in practice, trained counselling psychologists *can* work very effectively with children. It is hoped that the current study, and the dissemination of its findings both within counselling psychology and also further afield, might help to break into this dilemma, such that the way can be opened for counselling psychologists to bring their undoubted abilities to working with a client group whose psychological well-being seems to be under severe strain in modern Western culture.

## 6.8 Conclusions

As was noted in the introduction there appears to be a crisis in children's well-being in Britain (e.g. UNICEF, 2007; Goddard, 2009), which seems to indicate the possible role that counselling psychologists might have in responding to this mounting demand for sensitive professional interventions. It was in response to counselling psychology's apparent lack of involvement in working with children, and the deficiency of therapeutic work with young clients in the counselling psychology research that led the researcher to pursue the current research topic, in order to fill a gap in knowledge in the counselling psychology literature.

In summary, this study presented a qualitative exploration of the construction of meaning of participants' experiences of working with children in a variety of settings. The

overall aims and research question of the study were to explore how this group of counselling psychologists experienced their role and perceived contribution to working with children. Within the limitations outlined earlier, the aims have been achieved and the research question answered, through the construction of the three subcategories of 'Adapting to Working with Children', 'Professional Selves' and 'Training and Perceived Competency in Working with Children'. The research question was further examined through the overall theoretical perspective of the counselling psychologist 'Being a Professional Chameleon' in their working lives with children. This closely aligns with the thinking of authors such as Gergen (1991) and Burr (2003) who take a 'postmodern' view of the self as fluid and changeable. From the construction of these eleven participants' narratives, this study has highlighted the important role and contribution that counselling psychologists can make to children's well-being. Van Scoyoc (2005) argues the point that counselling psychologists 'do not necessarily "do" anything different in our psychology practice from our clinical colleagues but we do "think" differently' (p. 51). All the participants took a dynamic, flexible, critical and holistic approach to formulating children's difficulties, taking into account social and cultural factors in which the ethos of counselling psychology clearly appeared to play a significant part. Following Charmaz's (2006) constructivist revision of grounded theory, the researcher has attempted to offer 'an interpretive portrayal of the studied world, not an exact picture of it' (p. 10).

In writing the discussion, the author was aware of the issue of 'obviousness' outlined by Mcleod (1996). By this he means that 'a qualitative study must depict a world we already know, a reality we can recognise, while at the same time leading us toward a new understanding of that reality or phenomenon' (p. 315). Throughout the discussion, the author was mindful of the balance between the apparent 'obviousness' of some of the findings, and the wish to interpret the findings further and relate them to the existing literature, in order to

move to a deeper analysis. Loewenthal (2007) also points out that in the conclusion, 'there is a temptation for some researchers either to be too grandiose in their ambitions and/or to smuggle in their pet theory' (p. 11–12). This anxiety seemed to arise from interpretation going beyond the data, possibly brought about by the author's recognition of needing to keep grounded in the data but also her more quantitative background. In the end, the author choose a 'modest' (Loewenthal, 2007, p. 11), middle ground between a more conservative approach and a more adventurous and, possibly, more illuminating one.

Strawbridge and Woolfe (1996) observe, the activities, role and identity of counselling psychologists cannot be explored separately from the economic, political and social contexts in which they operate. The counselling psychology profession cannot ignore the current and highly charged debate surrounding children's well-being. With the number of children with mental health issues seemingly on the increase (ONS, 2005) and the major knock-on impact that this has upon society, counselling psychology training providers do not seem to be adapting their trainings sufficiently to meet the changing needs of the social world. It seems crucial that organisations such as the BPS and the HPC need to rethink what today's social world needs, and what these organisations are providing in terms of training so that counselling psychologists can help to contribute to the kinds of preventive and clinical strategies that are urgently needed in the realm of children's well-being.

To conclude, this research has endeavoured to begin the process of exploring the role counselling psychology can play with children. Counselling psychology's 'postmodern' and holistic value base (Milton, 2010) means that the profession can offer a more flexible approach to distressed children in settings where the medical model is dominant. This 'way of being', arguably, has the potential to benefit child clients even more than adult clients as they 'are constantly "becoming", shaped by parenting and family experience, school and peer relations' (Davy & Hutchinson, 2010, p. 1). As 'Professional Chameleons' the participants in

the current research study illustrated their skill in being able to adapt to various contexts and clients across the age spectrum, and to work in multi-disciplinary teams with professionals coming from many different theoretical paradigms. This is supported by the literature, which suggests that the application and integration of counselling psychology principles has the potential to make counselling psychologists' contribution unique in various settings (Morrisroe & Millward, 1998). Such abilities surely have a great deal of value and substance to contribute to children's well-being, and the current study hopes and intends to presage an increasing engagement with the field of children's well-being by counselling psychology.

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# Appendix A - Recruitment letter


## ETHICS BOARD

### Recruitment information

**Title:** Counselling Psychology for Children? – The Questions of Training and Career Paths in an Emerging Profession.

Thank you for expressing an interest in this research. I hope that the information below will help you in making your decision of whether to take part. If you have any questions that have not been answered here, please do not hesitate to contact me.

**What is the purpose of this research?**

The intention is to explore your experience of working with children and young people, a group with which counselling psychologists are not traditionally associated. In children-centred environments, such as Child and Adolescent Mental Health Services (CAMHS) and schools counselling psychologists are few and far between despite the growing need. The purpose of this study is to understand how you as a Counselling Psychologist view yourself, your professional role and your perception of others in youth settings in which you may not have been specifically trained. Interconnected with this is the aim to explore whether there is a need for specialist training when working in specialist areas, or whether a good generic training course is sufficient to enable a counselling psychology graduate to work with children and adolescents, if it includes an appropriate placement and effective supervision.

Ultimately, at the end of the research, I hope to have a clearer idea of how Counselling Psychologists experience their role in, and perceived contribution to, working with children in youth settings.

**What are the potential benefits for you, and for me?**

I am hoping that by talking to you it will be possible to understand more about the role and experience of counselling psychologists who work with children and in youth settings. The aim is to do this by speaking with you about your experience of working with children in different environments. The aim of this research is to speak about your experiences to see if there are any common themes that emerge. Out of this I hope to write up the research for my Professional Doctorate in Counselling Psychology at Roehampton University.

**What will taking part involve?**

I would like to interview you for approximately an hour. The interview will be recorded and then I will transcribe the interview. The transcription will then be looked at individually and then in relation to other transcriptions, out of which I hope a picture will emerge.

The research will be written up and may at some point be published in part or as a whole.

**Anonymity?**

I will **ensure** your anonymity by coding your transcript with a letter chosen at random and otherwise changing all identifying details (names, dates, places etc). My research supervisors and/or examining board may request to read the coded interview transcripts. Nobody will have access to the details you have given with regard to your contact information etc. To ensure you confidentiality the audio file will be kept in a secure place and will be deleted ten years after the successful completion of the research according to Roehampton University policy. At the completion of the project there will be no reference to your identity in any of the findings. At any stage during the interview or the study you can withdraw and any material relating to your involvement will be destroyed. The process of withdrawing would be via an ID number in order to retain your anonymity. In some cases the data that we have collected from you may still be used but only in an aggregate form. Anonymity of any children or clients that you discuss in the interview will also be respected.

**What difficulties may arise from participating?**

During the course of the interview you may find that speaking about your experiences makes you aware of things which feel difficult or brings things up that are upsetting for you. There will be a chance to talk about this after the interview, or I can provide you with details of where you can find appropriate support if you would like to discuss any topics or issues that arise in more depth.

**I would like to participate, what do I do next?**

Please contact me, preferably by telephone or email. We will agree on the practical arrangements, such as when and where to meet. This will also give you the chance to ask any questions you may have. I will then email you the Consent Form, which outlines how I will use your material, which I will ask you to sign and return on the day of the interview.

Annie Riha
School of Human and Life Sciences
Roehampton University
Whitelands College
Holybourne Avenue
London
SW15 4JD

rihaa@roehampton.ac.uk

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies)

**Supervisor Contact Details:**

Richard House

School of Human & Life Sciences

Roehampton University

Whitelands College

Holybourne Avenue

London

SW15 4JD

0208 392 3022

r.house@roehampton.ac.uk

**Director of Studies Contact Details:**

Dr Gella Richards

School of Human & Life Sciences

Roehampton University

Whitelands College

Holybourne Avenue

London

SW15 4JD

0208 392 3609

g.richards@roehampton.ac.uk

# Appendix B - Consent form

Roehampton University London

## ETHICS BOARD

### Participant Consent Form

**Title of Research Project:** Counselling Psychology for Children? – The Questions of Training and Career Paths in an Emerging Profession.

**Brief Description of Research Project:**

This study aims to understand Chartered Counselling Psychologists' experience of working with children and young people in various youth settings, such as Child and Adolescent Mental Health Services (CAMHS) and schools. This is an area in which Counselling Psychologists are not traditionally associated and which is often overlooked in training modules and possibly therefore future career paths.

The interview will take approximately an hour. The interview will be recorded and then transcribed. The transcription will then be looked at individually and then in relation to other transcriptions.

**Investigator Contact Details:**

Annie Riha

School of Human and Life Sciences

Roehampton University

Whitelands College

Holybourne Avenue

London SW15 4JD

rihaa@roehampton.ac.uk

**Consent Statement:**

I agree to take part in this research, and am aware that I am free to withdraw at any point. I understand that the process of withdrawing would be via an ID number in order to retain my anonymity. I am also aware that in some cases the data that we have collected from you may still be used but only in an aggregate form. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name …….

Signature ……

Date ……

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

| **Director of Studies Contact Details:** | **Dean of School Contact Details:** |
|---|---|
| Dr Gella Richards | Michael Barham |
| School of Human and Life Sciences | School of Human and Life Sciences |
| Roehampton University | Roehampton University |
| Whitelands College | Whitelands College |
| Holybourne Ave | Holybourne Ave |
| London | London |
| SW15 4JD | SW15 4JD |
| 0208 392 3609 | 0208 392 3617 |
| g.richards@roehampton.ac.uk | m.barham@roehampton.ac.uk |

Please return this form on the day of the interview.

# Appendix C - Advertisement in the DCoP's monthly email

## NEWS FROM DCoP No (12) 16.3.10 (DCoPComms@bps.org.uk)

### *6. Looking for Chartered Counselling Psychologists who work with children- counselling psychologists' experience of working with children in different settings.*

I am doing a Psych D in Counselling Psychology at Roehampton University. As part of this doctorate I am researching counselling psychologists' experience of working with children in different settings, supervised by Dr Richard House. I would like to invite you to consider participating in this research. Participation involves being interviewed for no more than an hour, at a time and place convenient to you. All information given during the interview will be treated as confidential. Contact me XXXX or on XX.XX (Please remove advert end-July.)

# Appendix D - Interview guide

## Interview Schedule

Initial Open-ended Question

Tell me about your experience of working with children as a counselling psychologist/ therapeutically?

## *Prompt questions if needed:*

Professional Identity Questions

1. What professional title would you say you identify with?

2. In what way, if any, do you feel working with children has an effect on your identity as a counselling psychologist?

3. What is your experience of working in a multi-disciplinary team?

4. What are the positives and the negatives when it comes to actually working with children?

5. In what way, if any, do you feel working in a team has an effect on your identity as a counselling psychologist?

6. What do you sense might be different about your own role compared with other professionals who work in these settings (other psychs)? And what do you believe to be the same or similar?

7. How do you believe you are perceived by other professionals (including other 'psy' professionals) in this setting?

Training Questions

8. Can you tell me about the training you have had for working with children therapeutically?

9. In what ways do you think that your counselling psychology training has helped you for working with children? And are there ways in which it hasn't?

10. What is your opinion on the debate that you need specific training to work therapeutically with children?

Ending Questions

11. Is there anything else you think I should know about in order to help me gain further understanding of your experience of working with children as a counselling psychologist?

12. Is there anything else you would like to ask me?

# Appendix E - Debriefing letter

Roehampton University London

## ETHICS BOARD

### Debriefing Information

**Title of Research Project:** Counselling Psychology for Children? – The questions of Training and Career Paths in an Emerging Profession.

**Brief Description of Research Project:**

This study aims to understand Chartered Counselling Psychologists' experience of working with children and young people in various youth settings, such as Child and Adolescent Mental Health Services (CAMHS) and schools. This is an area in which counselling psychologists are not traditionally associated and which is often overlooked in training modules and possibly therefore future career paths.

**Investigator Contact Details:**

Annie Riha

School of Human and Life Sciences

Roehampton University

Whitelands College,

Holybourne Avenue,

SW15 4JD

Thank you very much for your time and co-operation in working with me on this research.

I would now like to offer you some time to talk about anything that may have come up for you during the interview.

Is there anything that you would like to talk about that came up from this interview?

Do you feel that you have any further comments or questions before we end for today?

If there is anything about the research that you would like to know more about, please do not hesitate to contact me on 07841524353 or via email rihaa@roehampton.ac.uk.

Should you wish to discuss any issue that arose for you during the course of the interview in greater depth, for which you may need more specialist support than I am able to offer, you may find the following sources of support useful.

If appropriate for you, the British Association for Counselling and Psychotherapy and British Psychological Society have a list of psychologists and counsellors, the sites to search for which can be found at http://wam.bacp.co.uk/wam/SeekTherapist.exe?NEWSEARCH or http://www.bps.org.uk/bps/e-services/find-a-psychologist/directory.cfm. Alternatively, you could ring **01455 883316** or 0116 254 9568 if you don't have access to the internet.

The audio file I have made of the session will now be transcribed. To ensure you confidentiality the audio file will be kept in a secure place and will be deleted ten years after the successful completion of the research according to Roehampton University policy.

In the final report I will change your name and personal details to make sure you cannot be identified.

You are free to withdraw at any stage during the study and any material relating to your involvement will be destroyed. The process of withdrawing would be via an ID number (see below) in order to retain your anonymity. In some cases the data that we have collected from you may still be used but only in an aggregate form.

If you and I happen to meet again, please remember that in accordance with ethical counselling practises, I will not raise the issue that you have discussed with me as part of my research, or indeed, disclose your identity as a participant.

Thank you once again for your help with this study.

*This research is being conducted by:*

Annie Riha

Roehampton University
School of Human & Life Sciences
Whitelands College,
Holybourne Avenue,
London,
SW15 4JD

and supervised by:

Richard House
Roehampton University
School of Human & Life Science
Whitelands College,
Holybourne Avenue,
London,
SW15 4JD

## Declaration:

I confirm that the interview was conducted in an ethical and professional manner and that I am happy for the research to proceed using my material.

Name of participant: Signature:
Date:

ID number of participant:

Researcher name: Signature: Date:

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

**Director of Studies Contact Details:**

Dr Gella Richards

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**Dean of School Contact Details:**

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0208 392 3617

m.barham@roehampton.ac.uk

# Appendix F- Sample transcript from participant E

'AR' = Initials of research interviewer

| | | |
|---|---|---|
| 1 | AR | Can you tell my about your experiences of working with children |
| 2 | | as a counselling psychologist? |
| 3 | E | In terms of working therapeutically with children counselling |
| 4 | | psychology is a second career for me, um so I actually did |
| 5 | | my undergraduate degree at UCL, I think I finished that in |
| 6 | | 2003 and then after that I did a placement at Great Ormond |
| 7 | | Street in the child and adolescence inpatient unit erm... I |
| 8 | | did that for about 6 months and also worked a little bit with |
| 9 | | their feeding team, which was sort of 4-6 year old's and found |
| 10 | | it fascinating. So that's probably my first experience of working |
| 11 | | therapeutically with children I also worked on a young person's |
| 12 | | helpline so that gave me some insight into some of the challenges |
| 13 | | faced by young people and then when I started my counselling |
| 14 | | psychology doctorate, one of my first placements was at place2be |
| 15 | | and I did a year at a school in Southwark and I learnt, I learnt |
| 16 | | an awful lot from that, in terms of what I could apply to practise |
| 17 | | and even with different client populations in terms of using |
| 18 | | a slightly more creative approach erm then I took a year out |
| 19 | | from that in my second year and went back in my third year |
| 20 | | again to place2be and did another year and at the same time |
| 21 | | I was working for a young person's counselling service, you |
| 22 | | know, you have to have so many placements to get the hours |
| 23 | | umm yes I did place2be I must have done 2 years of place2 be |
| 24 | | and then this young person's counselling service which was up |
| 25 | | to the age of 18 and then about just over a year ago I was |

offered a job as a school project manager for [charity name] so I've have been managing a project in a school since then really so I guess I have been working in that field since for 4-5 years maybe on and off yeah... I think on our course we were only allowed 50% of our quota of hours each year with children. So where did I work erm I did about a year and a half with older adults with severe mental health, 2 years of GP referrals um... yeah I think that was yeah it, those placements were quite long placements so yeah, so I did work with both and I think that was probably part of what I liked about working with children, is the adults were coming through and I was sitting there thinking well actually if they had help as a child then maybe there lives would have been different so that was one of the factors that I guess attracted me to working with children..

AR After doing that 6 month child placement I'm just wondering what made you decide to go on to do the counselling psychology training?

E That's an interesting question because that placement for me was about me deciding. I knew I wanted to do something in psychology but I wasn't sure, and at that stage I was thinking I might do the health psychology route and I got a place at UCL to do their masters but I decided that I was going to end up in research and I liked the, I liked sort of being on the front and being able to communicate and form relationships, and I felt that health psychology was going to be a bit more removed and research based, so I liked to be able to go in there and work directly with people, rather than sit behind a computer or collect data erm, so I think it was the therapeutic aspect

| | | |
|---|---|---|
| 55 | | of it that drew me to it....(*pause*) |
| 56 | AR | And in terms of the training erm what ways do you think the |
| 57 | | counselling psychology training prepares you for working with |
| 58 | | children and in what ways does it not? |
| 59 | E | I would say there is a bit of both there...erm.. I think the |
| 60 | | underlying philosophies and values of counselling psychologists |
| 61 | | do prepare you quite well to go into a variety of settings |
| 62 | | and work quite closely with the |
| 63 | | educational psychologists and obviously the |
| 64 | | teachers and the inclusion manager and I think as a profession |
| 65 | | we are quite good at being able to fit into a number of different |
| 66 | | niches I think we... my take is that we can overlap certain |
| 67 | | other parts of the psychology world in terms of Educational |
| 68 | | Psychology, a bit of Occupational Psychology, that we can sort |
| 69 | | of overlap those so I think the flexibility and the sort of |
| 70 | | the opportunities we have in terms of where we can go or where |
| 71 | | or yes erm... that part of the training is very useful and |
| 72 | | the underlying philosophy of sort of valuing client's subjective |
| 73 | | experience because particularly the school that I work where |
| 74 | | there is 85% ethnic minority, that is crucial because so many |
| 75 | | of these children are coming from cultures which I know very |
| 76 | | little about, and their values and their upbringing is so different |
| 77 | | from mine as a white female erm so I think counselling psychology |
| 78 | | prepares you quite well in that way, in terms of looking at |
| 79 | | that and also in terms of being trained in a number of different |
| 80 | | models, you know certainly for me I don't think you can work |
| 81 | | with children in purely one model and what works for one child |
| 82 | | will not always work for another; it's about finding |
| 83 | | creative approaches erm and maybe you know |

working slightly CBT with a child but doing it in a very creative way and so I think my, I think my take on it is counselling psychologists can be quite flexible and that is an asset for working with children because you just never know what's going to come up. In terms of the training we actually didn't have very much specific training in terms of working with children, we had a little bit on child protection which in my opinion was probably not enough because the school I am in is absolutely full of child protection cases and I think what I've learnt from that is there is no black and white you know there is always so many grey areas and I have learnt a lot on the job. But whether..whether that's something that you'd have to kind of learn when you're in training you know on site I don't know, whether they can pave that better or not ummm I guess having done my undergraduate degree fairly soon before I did this, um we did quite a bit on child development and things but if I look back on my training, my three year counselling psychology training, we had very few lectures in terms of working with children. We did a bit of systemic therapy in terms of working with families and a bit on erm behavioural intervention with children and autism, things like that but I would say it's very patchy, erm, but then having said that I would also say that I think regardless of wherever you go so much of your learning is actually on the job you know even if you are working with adults for me yes you get some basic tools and you go away but actually it's only by being there and learning on site, so I guess it's a similar process to working with the adults but there is something different and I think there's also I think that, when I look at some of my colleges who have

also done placements with children some of them would just completely say I can't do this, so I think there is a personal quality that is needed as well to feel comfortable working with children, so yes I would say that some of our underlying values and things are very useful, in terms of being able to fit into the different settings erm but no I think there is a lot of room for more specific training around that and that is something I have had to go off and do independently, for example I've been doing a child EMDR training and we get some training in house training as well but it's something that I am aware that I am going to have to continue to pursue because I didn't get it from my training.

AR You mentioned values and counselling psychology and being able to put that into working with children, what kind of values are you talking about specifically?

E Partly my own but I think it's also partly counselling psychology, in my opinion counselling psychologists differ a little bit as we are working from a slightly less medicalised model so we are not... I don't see myself as putting a child in a box, this is this, this is that, erm certainly the cases I am working in my school they are so complex that it certainly wouldn't fit an IAPT model of anything, so in terms of looking at every child as an individual and valuing their experiences and considering their developmental level and looking at the social background they come from, I think it's the holistic approach that counselling Psychologists, I think are quite good at, umm being able to consider rather than just looking at it from one angle or saying you know we will give them six weeks CBT or whatever, it's looking at the complexities which I think erm counselling

psychologists
are quite good at, being able to look at things from a number
of different angles and feel quite comfortable doing that ummm
and I think the other thing that perhaps counselling psychologists
have that maybe some other psychologists don't is the requirement
of your own personal therapy because, I maybe digressing here
I don't know, but I'm thinking about obviously supervising
people in school and I think to work well with children you
have to have a certain amount of self awareness around you
own history, your own experiences as a child being in school
or you know I guess if you're working in a CAMHS setting things
that may have happened to you, and I think as a counselling
psychologist you are able to go away and reflect upon that
and sometimes you can use your experiences as an advantage
and other times you have to be aware of your own material yeah
I think there is something that is very helpful there, because
I think for me it's enabled me to connect with the child part
in me which then enables me to connect with what it's like
for children in school and  I mean their experiences are very
different and the pressures they have now are very different
to what I had growing up at school, but I think the
requirement for personal therapy is an asset in terms of working
with children and I know certainly within the school I work
that actually one of the volunteers had to leave because she
just wasn't... it was bringing up too much for her and she
wasn't able to cope so I think that's another thing that is
an assert in terms of our training...

AR What do you sense might be different about your own role compared
with other professionals that work within schools such as educational

psychologists or other counsellors or anyone else you come into contact with working in a school? And what do you believe to be the same or similar?

E I can think... well actually this is not quite fitting or one size doesn't fit all in terms of in the school. I think regardless of what your training or your orientation it's a difficult role to be in, in terms of who the children see you as, because they are so used to teachers and they will come in and call me Miss and I will say 'you don't have to call me Miss, I'm not a teacher' and we will often explore what I am then and I think that being a counselling psychologist is useful .... because I can go into the classroom and observe and I can pick some things up with my sort of knowledge of psychopathology and obviously there is a huge number of children who have experienced domestic violence and abuse and... things like the ability to be able to pick up when you think a child's got post-traumatic stress disorder and get in and intervene, some of the things that would perhaps go unnoticed by a teacher like a child disassociating in class, I think that's sort of part of my, to be able to use the more sort of clinical aspects, you know sometimes if you are working with a child that's very depressed or umm... I think counselling psychologists have been given very good training on working with risk, umm and I have had a few situations with children that were sadly thinking about ending their lives, so I think that side has given me a good sort of knowledge of how to hold that and also to be able to look at the wider implications in terms of confidentiality, legal aspects, because suddenly the school will ask you to write something and I well think hang on a minute this is not

appropriate but it's hard coz the school are coming from a very different perspective, and they can't see the kind of therapeutic... what we are trying to achieve therapeutically and they will do things that like try and use the [charity name] room for something else and I will say 'have you thought about what that's going to be like for the Children?' Umm I think at times there is a slight overlap with the work of the educational psychologist and we do liaise quite a bit because I will often when observing in class look at how things could change in terms of how we manage the child's behaviour I have done some quite behavioural interventions for children which perhaps a child psychotherapist might not be able to do because of my knowledge of CBT so that's been quite useful. Just trying to think what else... It's a hard one to erm and it may be partly specifically to the organisation I'm working in because I am the only counselling psychologist so I, I don't tend to kind of differentiate myself from the other people in the hub who are primarily psychotherapists or art therapists. In my private practice where I do work with children as well, my identity as a counselling psychologist probably comes out a bit more because I have a bit more freedom. In terms of the charity there are certain, you know, protocols and certain models that you have to work with and things but when I am in private practice I can use EMDR with children, I have more flexibility so, I don't know if that made any sense at all?

AR I guess that was what I was going to ask next, do you think people see you as a counselling psychologist In the school, for example the teachers and other professionals and what do

you see yourself as?

E They might know I am a psychologist but to be honest I don't think the teachers would know what a counselling psychologist was and I think that's not just about being in schools I think that's still a kind of general thing across the board a lot of people don't know what counselling psychologists do, I think when you look at a lot of... even just the popular magazine articles and things and they talk about psychotherapists and clinicals, but I don't think counselling psychology as a whole has been... I don't want to use the word marketed but almost, almost you know, people don't know what we do and what we do that's different, so I digressed here what was the question?

AR Also about your professional identity as a counselling psychologist...

A. Yeah I don't think that it's particularly meaningful to them within the school although it's meaningful to me and probably other people like the educational psychologist and our headteacher also is an educational psychologist and she has a bit more of an understanding, but I don't think, this maybe a sweeping generalisation, but certainly based on the school I am at I think probably if you went into lots of schools and said I'm a counselling psychologist they wouldn't know what that meant. I maybe wrong and even in my private practice I often have to explain how I work, yeah I think, I think it's the same there, I think it's still that people don't quite know what we do and what way we are different and what way we are similar to other psychologists. But it depends, it really depends on the client particularly if they are just new and they have just come in and others want to know more or they will know someone who is a clinical psychologist and they will want to

know the difference between a clinical and a counselling psychologist or they will want to know about the way I work. Obviously if I'm working with children that conversation is happening more with the parents and on the whole I think the parents quite like the counselling psychology approach, because some of them are very fearful of CAMHS and the more medicalsied labelling of children and I think they value the sort of holistic approach we take, so I think it does have a lot to offer in terms of reassuring parents and possibly getting some children in to get support who maybe wouldn't. I know that certainly when we occasionally we have to refer children out from the charity into CAMHS and a lot of the parents are very reticent of that erm because of this fear of being labelled, which I guess it's your child, you know, so I think you know there is a kind of hole there that we can fill...yeah

AR Do you think your professional identity as a counselling psychologist changes when you're working with adults to when you're working with children?

E I think the way I am, obviously the way I am in the room changes a little bit probably not hugely. I mean I guess it depends on how you work with adults, I mean if you're.... I'm not somebody who works purely with CBT so I guess if you had someone that was working purely CBT with adults than things might have to change a lot to then work with children and families but because I don't tend to work purely from that model I'm sort of more integrative in terms of my approach I guess it doesn't change hugely. I think what does change is, is more of a personal aspect of me that has to come into the relationship, in terms of having to engage on a different level, and there

| | | |
|---|---|---|
| 286 | | has to be a bit more creativity and a bit more- bit corny- but |
| 287 | | more playfulness and so I don't think my... I wouldn't say |
| 288 | | I really feel that I am different working with children; personally |
| 289 | | I'm different in the way I approach my work but in |
| 290 | | terms of my role I wouldn't see myself as hugely different |
| 291 | | and I still you know I can still use assessment processes with |
| 292 | | children if I feel that is necessary but sometimes I don't |
| 293 | | and it's about again considering we are going back to the whole |
| 294 | | sort of subjective experience and values and looking at each |
| 295 | | child as an individual and not just rolling something out because |
| 296 | | that's what people say we have to do and.....(pause) |
| 297 | AR | And I wonder when you say, working with children individually |
| 298 | | do you generally work individually with them rather than similarly |
| 299 | | to maybe working with adults individually or do you sometimes |
| 300 | | work systemically or is there from your counselling psychology |
| 301 | | training does it feel like it's more one to one work rather |
| 302 | | then ? |
| 303 | E | Erm it depends if I am in, if I am in school or if I am in |
| 304 | | private practice, if I'm in private practice I usually tend |
| 305 | | to have an initial meeting with parents and the child and actually |
| 306 | | the majority of children that I have been referred the parents |
| 307 | | are actually receiving support separately and that works quite |
| 308 | | well and there will be smallish changes but usually you have |
| 309 | | to be very careful then in terms of building the trust with |
| 310 | | the child in a school. Where I am the only person that does |
| 311 | | that kind of work I can be working with both parents maybe |
| 312 | | even two children from the same family and what particularly |
| 313 | | becomes the case, with a lot of cases around umm parental separation. |
| 314 | | I can think of one just now where the child is in one to one |

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| 315 | | counselling erm but she becomes very upset and very disturbed |
| 316 | | on days when she's not having her support, so sometimes I can |
| 317 | | be supporting her but her dad works in the school as well and |
| 318 | | sometimes there have been occasions where I've thought well |
| 319 | | actually the best thing for me to do is to go and get dad and |
| 320 | | for dad to talk directly. So it's about facilitating, so yes |
| 321 | | sometimes I do have a child and a parent in the room together |
| 322 | | and we... I would never...I would always think it through before |
| 323 | | I do it but yes sometimes it works quite well perhaps with |
| 324 | | [charity name] you do end up doing quite a lot of family work as |
| 325 | | well, because if you take on child you take on their family |
| 326 | | and again that's possibly something that is missing a bit within |
| 327 | | the counselling psychology training. We did systemic therapy |
| 328 | | but it felt a bit like a whistle-stop tour umm and again that's |
| 329 | | something in time I might go on and do, some more training |
| 330 | | in family work or you know but yeah |
| 331 | AR | When working privately do you see the children here in your |
| 332 | | house or do you work in a separate place? |
| 333 | E | I'm actually very lucky that I have a room I rent erm and it's |
| 334 | | actually primarily the people who work there are trained from |
| 335 | | the Tavistock, but there are rooms you can see adults and children |
| 336 | | in, so it's got toys and things boxed away if you want to work |
| 337 | | with a child you can, so no I would see them..I don't really... |
| 338 | | I like to have my home as my home and my work as... and I think |
| 339 | | there is something, particularly with children who have such |
| 340 | | an active imagination and the potential for fantasy, there |
| 341 | | is something about having a space which is removed from... |
| 342 | | so no I see them in private practise. |
| 343 | AR | How did it feel working with children after doing your training |

when there was not such an emphasis on child work on the course?

E Certainly I can only talk from my own training course which is at City, if I look at the people in my year and I think this is one of the things with counselling psychologists we can work in so many contexts you know some people work in prisons, some people work with older adults, some people work with adolescence, they were very open to us working anywhere, so I didn't really feel like I was doing anything that wasn't.. there was.. there were the sort of hardcore people on the course that yes said 'I am going to do my CBT training and then I am going to work in the NHS' but that just wasn't me you know and I always knew that wasn't me but I think that's part of my personality, that I, I need diversity, I don't ever see myself doing one job. I have another job outside of my therapeutic work as well, so I don't think... there was no sense that working with children was something that we couldn't do but yet there wasn't quite enough emphasis on that, but then saying that you could look at it from the other perspective people working with older adults perhaps didn't get knowledge around you know dementia and all that as well so.... I guess a course can never provide everything, all it can do is provide us with a foundation which we then choose to build upon according to where we want to go, but I never really saw myself as someone that was going to go into the NHS, so yeah..... so I think maybe part of it for was me was I was quite happy, there would be some people on my course that would say I had taken a slightly unconventional route, but that's kind of me I don't like being put in a box

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| 372 | | erm but then there's lots of people that did work with children |
| 373 | | but it did kind of go unmentioned erm and wasn't really particularly |
| 374 | | acknowledged in terms of if you think about all the written |
| 375 | | work and things you know that was all very adult based, yeah |
| 376 | | there was .... I can't comment on other courses but there is |
| 377 | | a hole that needs to be filled in some way or made an option, |
| 378 | | or you know it's something that could be added on just like |
| 379 | | when we leave and you know probably if you want to go on and |
| 380 | | do supervision you maybe need training on that it is a difficult |
| 381 | | one to balance, how much can you fit in three years.... |
| 382 | AR | Were there certain elements you would have liked a bit more |
| 383 | | of? |
| 384 | E | ... this is going slightly off but when you look at something |
| 385 | | like a medical student that trains and they have to do rotations |
| 386 | | and they have to do certain you know certain time in paediatrics, |
| 387 | | time in this and certain time in that and maybe there is some |
| 388 | | merit for some requirement around that, but then I just know |
| 389 | | some people from my course just could not work with children |
| 390 | | but maybe that's an experience that would be good to have, |
| 391 | | and maybe in time it might be helpful to have some kind of |
| 392 | | criteria that you need, a certain amount of experience with |
| 393 | | older adults with severe mental health because we tend to very |
| 394 | | much look at...I'm saying we but I'm saying that quite a lot, |
| 395 | | I guess there is more a focus on therapeutic orientation as |
| 396 | | opposed to the client groups and maybe there is something in |
| 397 | | that to look at, to look at that a bit more..it's getting your |
| 398 | | skills, CBT or psycho-dynamic or person-centred or but actually |
| 399 | | how do you apply that to different client groups.... |
| 400 | AR | How do you find working in a school? |

E Yeah I do particularly like working in schools, but I would like to have a little bit more freedom than I do, and that may be relates to my counselling psychology identity, not being quite so restricted by the organisation. At the moment it's, it's probably a kind of short-term plan for me in terms of... I always wanted to be a part of an organisation when I started out that I got support and training but I would be very open to working in other, other settings, erm actually now I have come to think about it other people in my course have gone on to work in what the domestic violence project down in Hammersmith and Fulham they have a children's centre attached to that and they work with children, so there is a lot of ...there is potential to work with children out of an NHS setting as well but I do like working in schools because you're... you can see everything there, you can see how they are in class, you can see how you can meet the parents, you can get... it's so multifaceted in terms of the perspectives you can get, whereas perhaps if you are seeing a child once a week in CAMHS you maybe don't get that quite so much, again it goes back to that holistic looking at it from all angles, but no I would be, I'd be quite keen to work in other settings maybe I don't ....I don't know...I'm thinking about my experience at Great Ormond street and actually in my head I have sort of a perception that... and from the people I have spoke to who have worked in CAMHS the work seems primarily CBT and I don't, I don't know if that fits with how I see working with children, I would like to have a little bit more room to, to be a little bit more creative in terms of what works for the child.....and it probably does work for

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| 429 | | some children and others it doesn't... but... (pause) |
| 430 | AR | That sounds interesting can you say a bit more about that? |
| 431 | E | My fantasy... I don't know because certainly when I was at |
| 432 | | great Ormond street and that was an inpatient and it was a |
| 433 | | kind of minor therapy it was very unlike that at all and it |
| 434 | | was pretty psycho-dynamic and you were involved.. a lot of |
| 435 | | the children there were eating disorder patients, conversion |
| 436 | | disorders, so again that was a very... working within a very |
| 437 | | multidisciplinary team, so that wasn't at all... so I think |
| 438 | | it really depends on the CAMHS that you are in actually and |
| 439 | | perhaps who is running it as well and what they are open to |
| 440 | | do. A colleague of mine, she was a psychology assistant at |
| 441 | | Great Ormond street and she eventually left there because they |
| 442 | | weren't really interested unless she was a clinical psychologist, |
| 443 | | ok that was a few years ago and things are changing but I'm |
| 444 | | not so sure how we are viewed still, I think it really depends |
| 445 | | on who runs the department. |
| 446 | AR | How do you think counselling psychologists are viewed in the |
| 447 | | NHS compared to clinicals? |
| 448 | E | I think it really depends, I mean obviously I have lots of |
| 449 | | colleagues that are working in the NHS so I think it really |
| 450 | | depends on the setting and who's managing the department, you |
| 451 | | know there are quite a lot that are run by counselling psychologists |
| 452 | | but I have a friend that's doing IAPT training at the moment |
| 453 | | as a counselling psychologist and she has found that quite |
| 454 | | difficult because she is amongst quite a lot of clinical psychologists |
| 455 | | and she has found that quite difficult to, I guess hold on |
| 456 | | to her own sense of identity, which I personally think that |
| 457 | | counselling psychologists do have a different identity to clinical |

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| 458 | | psychologists, in terms of the way we look at things and in |
| 459 | | terms of the way we relate to other members of the team, and |
| 460 | | certainly that's what I have heard from other people that and |
| 461 | | actually just observing other clinical's.. that's not me being |
| 462 | | judgemental of clinical's but I think we come from a slightly |
| 463 | | more...I think there is more of an emphasis on collaboration, |
| 464 | | whereas there can be a tendency sometimes with the clinicals |
| 465 | | to be you know 'I am a doctor, you are a patient'..erm and |
| 466 | | maybe that's where it comes in that..I know there has been |
| 467 | | research done about how clinical's see counselling psychologists |
| 468 | | and they think that counselling psychologists kind of assess |
| 469 | | so times are changing and who knows it would be interesting |
| 470 | | to see a little way down the line... |
| 471 | AR | How do you work with children of different ages, is there |
| 472 | | a difference? |
| 473 | E | Very much so... erm... having said that I don't think it's |
| 474 | | always about age, I can think of a child that I am working |
| 475 | | with now who is 10 but developmentally he is a 5 year old so |
| 476 | | often the age doesn't mean... you know, I'm working with her |
| 477 | | almost how I would be working with a five year old, we are |
| 478 | | communicating through objects, because that's where she is |
| 479 | | developmentally, yeah but that's one of the good things in |
| 480 | | the school, that I get to work with them from when they come |
| 481 | | in at reception which is obviously very different and the work |
| 482 | | with those children is... has to be much more boundaried. It |
| 483 | | gets a lot... I don't know whether you have worked with the |
| 484 | | very young ones, but it is messy, they need a lot more containing, |
| 485 | | their attention span is much shorter, children of that age, |
| 486 | | I'm thinking more reception/ nursery, perhaps year 1 up till |

about 5, you tend to get a lot of behavioural problems, outward manifestations of things, children kicking, biting and then there seems to be a bit of a shift I would say from about year 2 upwards where it becomes more around often things in the family erm... they start to become more aware of each other and friendships...erm..... yeah.. and then I think there is an age which is about year 4 where relationships with each other become very important, and this is where I find I get most of the children at the lunchtime drop-in service tend to be that age because they tend to be struggling with working out friendships and relationships and that can be very challenging. And then there is another sort of shift between that to sort of when you get the year six children, which have started to leave because their... some of them kind of don't want to be seen to be needing help because it's not seen as a cool, so your almost shifting into the more Adolescence... so I do work very differently with different age groups, but having said that you may get a child of a certain age who is developmentally not that, also I have quite a few autistic children in the school and a hearing impaired unit, so again those children are developmentally quite... I'm working with a hearing impairment child at the moment and that has been very challenging because she hasn't got the language to express herself. Yes so I do view them all very differently, but then even if you take one class developmentally these children are all so different and so many of these children have English as their second language and I think that's maybe also something that is good with counselling psychology is the culture... being able to look at the culturally aspects for example of child rearing and then how to engage

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| 516 | | with the parent's which fits with their values, but it's challenging |
| 517 | | yeah... |
| 518 | AR | Do you have experience of working with adolescence as well? |
| 519 | E | I did work for a young person's counselling service and that |
| 520 | | was adolescence and also on a helpline for... tended to be |
| 521 | | about sort of 8/9-21 year olds, so erm, adolescents yeah again |
| 522 | | very different erm...but more volatile and very up and down |
| 523 | | week to week, sometimes very hard to engage and get them to |
| 524 | | come back, erm...and other things start to come into the equation |
| 525 | | than like is drugs, alcohol, those sort of things. Erm...I |
| 526 | | guess each age has it's different pressures erm and I'm also |
| 527 | | viewing it from my perspective of working in a school in a |
| 528 | | very deprived area, possibly if you are talking to a counselling |
| 529 | | psychologist that's working in the leafy suburbs of Surrey |
| 530 | | they might tell you a very different story to what I'm doing, |
| 531 | | I mean there are a lot of things. I was joking with someone |
| 532 | | saying that they don't tell you on the course about getting |
| 533 | | flee bites from the children and things like that... you know |
| 534 | | there are all these things you don't get told on the course, |
| 535 | | the rather sort of practical elements of severe deprivation |
| 536 | | with some of these children... I have encountered bed bugs |
| 537 | | with the clients, what else? Some people at work got head lice |
| 538 | | from children... you know all these things they don't tell |
| 539 | | you on the course, what you do with it yeah.... |
| 540 | AR | How do you define children in terms of age range? |
| 541 | E | I probably say primary school children I'd call children, maybe |
| 542 | | first year of secondary school, but then it's how the children |
| 543 | | define themselves, and actually I think maybe they don't want |
| 544 | | to, I mean they don't like that classification, they are just |

whoever they are.. but I think there is a.... don't know why I gone back to this, oh because of the bed bugs (laughs), one of the things that we don't get much training about is all the child protection meetings that you have to go to and, you know you're often asked to write reports, and you're thinking about implications of these reports..I have a case next week, I have got a police... the police are coming to interview me. Now I have had no training around that. We had a little bit of training about obviously court notes and things being subpoenaed but, you know, I haven't had that experience before, no, so... I don't think there is enough training on that, I can only talk about my course because I don't know what other courses are like, but yes we had training on child protection erm but I think child protection is so important regardless of whether you are working with children or adults, coz I have certainly worked with a number of adults where I have been extremely concerned about a child erm and I think there can be a tendency to say oh that's the children bit but actually it's not, it's you know, particularly if you're working in a domestic violence setting or I think there needs to be more thinking around that area, coz it does come into adult work so much as well and particularly with all these messy court cases you get around parents separating and contact and I had to deal with quite a few of those, and had to write some really quite difficult letters too...yeah it's not... I personally don't think you can cover child protection in a day you know.. some organisations give you a bit of training but it's almost like people have to bring their experiences from their placements back and process that so that everyone can kind of learn together. You learn

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| 574 | | on the job I guess, as long as you have a good supervisor. |
| 575 | AR | You have mentioned learning on the job a couple of times. Would |
| 576 | | you say that is a big part of where your experience and skills |
| 577 | | come from with working with children? |
| 578 | E | yes..... I guess you could say that a lot of, a lot of |
| 579 | | you know, you're starting out on placements, you do learn on |
| 580 | | the job whether it's adults or children, you can spend weeks |
| 581 | | sitting practising triads or reading books but it's actually |
| 582 | | only when you get out there and you sit in front of a real |
| 583 | | client it all comes to life, it becomes real, erm, but that's |
| 584 | | what our works about, and I, I've got to the stage that I realise |
| 585 | | the more I know the more I realise I don't know but I think |
| 586 | | that's quite a healthy place to be... so yeah, but I do think |
| 587 | | there is something in terms of anybody working with children, |
| 588 | | be it a counselling psychologist, therapist, anything, there |
| 589 | | is a need to feel comfortable working with that age group, |
| 590 | | some people just don't (laughs)... |
| 591 | AR | In your opinion do you feel that there is a need for specialist |
| 592 | | training working with children or do you feel it's the comfortability |
| 593 | | quality that you need and maybe the learning on job? |
| 594 | E | I would probably say a bit of both, I think there is almost |
| 595 | | like some people, going off track a bit... I don't think... |
| 596 | | you can teach a teacher to teach but that doesn't make them |
| 597 | | a great teacher, I think it's a bit the same with counselling |
| 598 | | psychologists, you could teach a counselling psychologist some |
| 599 | | of the aspects of working with children but there is something |
| 600 | | else that needs to be there erm to be able to connect with |
| 601 | | their world and actually a lot of people I know who have worked |
| 602 | | with children and feel comfortable, have had some prior experience. |

I also used to teach children so I have been familiar with working with children for years. So I think there is something that can't be taught as well. Possibly even like the whole counselling psychology or therapy or something, you can teach the skills but if there is something that is fundamentally missing you can't teach that, I think it's the same with children, I think there is a need for more training most definitely erm... but it's not there at the moment specifically for counselling psychologists, so I'm going off and I'm doing things, occasionally I meet people from CAMHS and things like that but a lot of it is child psychotherapists and things, so maybe we have something to learn from them too.

AR Is there anything else you may have thought about that would help me gain further understanding of your experience of working with children as a counselling psychologist or questions that maybe occurred to you during the interview you would like to ask me?

E I guess something that is very important for.... if you compare working with adults compared to working with children is the setting. Children are very sensitive to the setting that they work in whereas an adult you might just... obviously [charity name] is very unique in terms of its setting and kid's company with their rooms. I think that is something that really has to be considered when working with children, because so many of these children to build trust is so difficult and there is a real need for a consideration around setting and consistency, whereas an adult maybe a little bit more flexible about moving rooms. The children come in and they are so observant about anything that's moved that I think that is something that really needs

to be highlighted and talked about in terms of educating people working with children. The other thing which I have learnt a lot about and still need to learn more about is the impact of different cultures and childrearing, although I am beginning to see there are patterns in terms of certain cultures have very high expectations for their children, certain cultures have very harsh parenting styles, certain cultures have very... quite a lot of incest... erm.... and the other thing which we haven't kind of touched upon but is certainly within the area I am talking about which is huge is the number of parents with alcoholism and drug addiction and... I guess the kind of overarching thing I'm trying to get at here which is, is making people aware of these factors because they are huge in terms of trying to engage because if you can't engage the parent to get a child to help you can't work with the child, so unless you are aware of all the social, cultural, economic factors that, that come into this very complex jigsaw, I think those need to be talked about and it can be so difficult with an alcoholic parent to get the child help because the child has been silenced because they are not allowed to talk about the drinking coz they know that they might go to social services. Yes it's looking at the sort of, the whole kind of milieu around the child in terms of culture. That's what I'm trying to get at really is that those are also, yeah, I think maybe we had one lecture on cultural differences or something but it's so complex... erm... yeah.. so... (*pause*)

AR How did you pick up these experience and realise all of these different factors?

E On the job and seeing things repeated and repeated... and observing

parents as well... maybe if you were talking to someone who was from a different ethnic background they may view things very differently but certainly if I think about my cohort on my course the majority were white females, so again a male perspective may be very interesting as well in terms of looking at gender differences as well. Just something we haven't addressed, working with girls is very different from working with boys.. yeah... but it's just so complex... but I think that also counselling psychologists are very good at working in complex situations because we are able to look at things from so many perspectives that we have a lot to offer but it's maybe not, it's not like you can go an sort of do two to three weeks, or there's no book where you can pick up, that will tell you stuff, you kind of pick it up along the way, you know I think it is the ability to be flexible yeah.. yeah I just, yeah, I think I have learnt an awful lot on the job but in some way's I think there are things they can't teach you on the course. You have to go out there, experience it and kind of get your hands a bit dirty, but I think if I was.. if I was setting up a training.. I think there is the potential for one, I think that obviously there would be certain people that wouldn't be interested in it, but yeah I think, I think there is a space for something like that, occasionally the BPS do do some talks that are slightly developmentally orientated but it's very little in terms of working therapeutically with children... maybe more so for adolescence a bit more but yeah.... I mean like on our training I think this is probably where I was coming from earlier on, we would have specialist skills in supervision, which was on... you could elect to do CBT, psycho-dynamic... maybe there is

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| 690 | | some room to expand that in some way in terms of having specialist |
| 691 | | groups... in terms of working with different populations, like |
| 692 | | severely mentally ill or older adults, children and adolescent, |
| 693 | | coz it's, it's a little bit of a whistle stop tour, and then |
| 694 | | you're out there, no two settings are going to be the same. |
| 695 | | Having, you know, worked in three primary schools every single |
| 696 | | one has been different in terms of what happens, but yeah I |
| 697 | | think some kind of, some kind of optional module which could |
| 698 | | be, could be run in tandem with other optional modules or even |
| 699 | | just a series of... kind of bringing me back to people coming |
| 700 | | in.. I think that they need people that are.. if you wanted |
| 701 | | something that was designed to support counselling psychologists |
| 702 | | you need.. I think you need counselling psychologists who are |
| 703 | | already in that field to come in and bring their experiences |
| 704 | | to people who want training, I'm not saying that they are the |
| 705 | | only people that can do it but it would be a good starting |
| 706 | | point possibly.. If you are looking in terms of improving |
| 707 | | the counselling psychology perspective in training than it |
| 708 | | seems like a good place to start.... erm..... or certainly |
| 709 | | to have a group as a... to sit around and be able talk about |
| 710 | | how, how things could be improved.. because there, you know, |
| 711 | | there are generations of counselling psychologists to come |
| 712 | | and counselling psychology is a growing profession and I think |
| 713 | | we as a profession need to grow with that yeah. |
| 714 | AR | Ok, that's all my questions, thank you. |

# Appendix G - Sample transcript from participant F

'AR' = Initials of research interviewer

AR Can you tell me about your experience of working with children therapeutically?

F That's a broad question... well I have been working with children for about 10 years, so 10 and half years erm mainly in child and adolescent mental health and I guess erm bit of time as well working with children with learning difficulties, erm, but mainly it's been mental health, erm, in three different services, the core thing about all of it is, erm although the child is the patient the target person who's coming, you are very much thinking about the whole family, erm and you know very much about working with parents rather than just with the children erm or you know sometimes a whole family group, so it's very flexible I guess, erm... so for instance while I have been working here I might see... we see people for what we call a 'choice treatment' we see them for the initial appointment it's called the choice appointment that's the idea that we try and get them to choose ways forward for them, and then we try to encourage as many people from the family to come to that, erm and then it's very much about their motivation to come back, what they want rather than what we think they need, and if they want to come back we would put them in what we call a partnership appointment and the next process is partnership work, with the idea that we are working very collaboratively with them in partnership thinking about the goals they want

to reach erm so it's not us imposing anything on them, erm but we are thinking about what they want to reach and how we can support them to do it. You know I think within that partnership work can be so broad, so that might involve a whole family coming, just the child on their own, perhaps just the parents... erm... or sometimes we refer children to group work or parents into group work, erm so it's really broad erm and quite often we are liaising with other agencies as well so schools.. social services other sorts of charitable organisations erm, things going on in the community, paediatricians, so it's quite, it's very broad work really, and in terms of theories, erm I think systemic is quite key.. the broad ethos we all have in the team here, a general acceptance that we don't see the child on their own, we see them in the context of the school, family, community... and erm with my work erm trained in systemic, cognitive-behavioural, person-centred to a certain extent, erm personal constructs, but as I have gone along erm I learnt a lot more about solution focused work and erm, drives and I've also become more interested in psychodynamic thinking and attachment, erm, I don't really use that therapeutically but I certainly use it to inform my thinking about formulation of a case.

AR The therapeutic approaches you have mentioned, did you learn those on the counselling psychology training?

F I did a very brief course in counselling skills before I did my counselling psychology training. I suppose I learnt my person-centred background, CBT erm PCP and Systemic was directly from the course. And solution focused has erm, and solution focused

work has come from being here and going on trainings since I qualified, but only very brief training, it's an approach that so many people use here, we all kind of share really. The psychodynamic stuff comes more from reading special interest groups around that, thinking about attachment, that's come as part of the job really.

AR Were these theoretical models quite common when you were doing your counselling psychology training?

F Mmmm but I guess we were erm, as do the clinical courses, I trained at city, I think city had quite a... brought in psychodynamic I think they, they were more the hard end of things doing CBT and stuff, whereas a lot of the other courses focused on psychodynamic thinking or humanistic ideas or erm existential erm theories so you know what I did was much more of a kind of harder end perhaps more of a clinical training. Although some counselling psychologists had not done anything like that at all, yeah so I think that it is quite individual even though they have to adhere to the same guidelines in the BPS, erm and the HPC but erm you know there is still a huge range and capacity to have a huge range whilst still meeting those guidelines. I don't know how many courses do systemic stuff, I don't know actually, it was very helpful and good preparation for working here...

AR Do you think the counselling psychology training prepared you to work therapeutically with children?

F Not particularly, I recall, it was quite a while ago now but I recall doing it, it was very experiential, a lot of workshops about using systemic ideas as well as the theory behind it. I think erm, I think my recollection was that was more to do

with working with adults and thinking well a lot about working with erm people with medical problems and thinking systemically about the impact on the family much more of the adult family rather than thinking about family with young children erm, so I think from that point of view it didn't really prepare me that well for working with children and I only did very brief amount of training directly about children. Obviously because my placements were, two of my placements were in child services I had to put those ideas into practice so that came more from the placement really rather than the actual course. It was about transferring the ideas and the thinking to a different setting, rather than you know actually learning on the course about how to deal with particular problems that children might present. We only did that very briefly and not in a systemic context.

AR How did that feel working in a child placement and doing an adult course?

F Errrr...I mean I think it was about adapting what the course was asking me to do and how I could fit it into the child placement, erm because there were other people on the course who were working with children and erm so we tried to bring that into the discussions erm and also we had a series of case presentations a whole half of term when every afternoon we did case presentations, so coz there were a proportion of us working with children we got some child learning on that but nothing other than that. I think because I suppose that was what I was doing I just got used to it, I wasn't that aware of it being difficult coz I just kind of got on with it. I think it would have made... thinking back now, it would have been a lot more easy to work

with just adults and I think you find a lot I mean here, you know, a lot of the policies that come out yeah, a lot of the policies, when our computer system... when we have to do a risk assessment, when we see a new person the language about that is geared towards adult services and you do come across that quite a lot, that's just the way things are really. People, they think about mental health, they think more about adults so I think it is about adapting and I think that's where the difference is between clinical training and counselling psych training, they have core placements, so everyone has to work with children but erm my sense from talking to other people that have had the clinical training is that it tallies a lot better as they will have a child placement and they will have a whole load of child training at the same time or just before. So I guess how I talk about it, whenever I try and explain the differences between my training and theirs, erm I always come back to the fact that people can do such a diverse amount in their training erm, in terms of their placements. You can't cater for everybody, erm as much as you want to, you just can't, so I think the important thing is to get the theoretical knowledge from the course and that you think constructively about how to apply it in your own individual setting, and have help from supervisors and so on to do that. Erm so whereas with clinical you have more learning about different problems you might find in different places and placements on the course, as well as the theoretical training, whereas in counselling psychology training I see them as being different things, you get the theoretical training and then go and put it into practise in any setting you want to. It's up to you then to do the kind

of reading around different problems that come up and so on, it's easier to pick up a book and read about ADHD or anxiety in children than it is to read about working in a systemic way as it's experiential, so, mmm..

AR Did you find any of the training useful in working with children? Were you able to relate any of the theoretical training back to working with children?

F Erm in terms of the theories erm I mean I think the nature of questioning in systemic work, neutrality and of those concepts you can easily transfer them to another setting. CBT is little bit more complicated because erm and with personal construct really, CBT is again a very adult model erm and I suppose what you don't want is to just water that down, erm so I mean I got books on using CBT with children erm although the theoretical framework is the same, erm the ideas are the same it's, it's easy for me to look at it and think it's a watered down version of the adult one, you just can't go into as much depth. You know a lot of the CBT ideas need you to do that, you just can't go into as much depth erm and the, you know, the CBT ideas you need to do that in terms of simple schemas and so on, I think you know perhaps teenagers, adolescents you can do that more erm and that becomes more similar to adult way of working and personal construct theory as well I think. I have books on that for working with children... personal construct theory is just so complicated, the way you access people's ideas and explain things it's quite hard to get your head round and only for 12 upwards. What you do with an adult younger than that I think you have to kind of water it down I suppose. I am thinking while I'm talking, I have also been trained in using EMDR

erm and you know and again that is very similar, I think that again is an adult approach and a real massive problem with all of this I suppose is about supervision. Whilst I have supervision from psychologists here and it's normally very helpful but if you wanted to develop one of those you would have go to a specialist, accessing a specialist in child work is lot more complicated than accessing one with adult work. That's really what happened with the EMDR we have struggled with... there are more people who do CBT and personal construct theory, but EMDR is very specialist, accessing someone who is a child specialist and does EMDR is a nightmare. Which means I don't feel confident using it, coz I don't have access to regular supervision, so I haven't been using it, coz it's... although I have supervision set up it's someone who is qualified with working with adults. So you're again thinking how do I apply it coz it is different. We have had supervision in the past with a child specialist, the whole way she talks, the whole approach to dealing with cases is totally different, much more about using play, getting down to their level very much thinking of development stages and what you think they are capable of doing, you just can't get the same expertise from just working with adults, you just can't.

AR What do you think the reasons are for the lack of specialists?

F I think just that... I suppose more people work with adults erm so therefore more people you know are coming from a larger pool of people so you get more specialists. My sense is it's just about numbers and also perhaps you know I guess it's about erm, perhaps a lot of other people have experienced the same

thing as me, coz it's such a battle to get access to regular supervision it's hard to progress and then you don't. It's hard to get to the point where you can train other people or supervise other people, you lose the battle. If you work with adults it wouldn't be such a battle. It brings up funding as well, if I was working in an adult service for instance, the supervisor we have for EMDR he is a trust person so there is no cost involved but erm, they are not trained to work with children, so if we wanted a child specialist we would have to pay, either pay ourselves or get the trust to pay for it. So probably other people will have come across that as well, it's been a financial implication. If more people manage to get to that point you help the other people to move on, but it feels like a bottle neck at the moment, something I haven't had the time or energy to address, partly it's about being creative about solutions because erm I think my colleague here has specialist supervision on personal construct work and she has that on the phone so I guess it's about being more creative about it.... it's just really hard, really hard to access it...erm and you know...there is less books about it... the whole thing there is just less about it... just harder to access, and er and I think there's lots of people, for instance with CBT you know I'm not erm I use it a lot I wouldn't say that I've progressed at all with my knowledge of that again, you just get on with the job, so I haven't had the opportunity. A specialist group here in the team formed a little group who erm have a whole morning of just doing CBT and then they supervise each other about it, so I guess they are skilling themselves up in their own way. It's a similar problem there is someone outside who

is a specialist working with children using CBT but it's the financial implications. The financial situation is not feasible and you have to contact people to ask for funding. Yeah it's about being creative and finding people in house who can do it instead,

AR Is there anyway counselling psychologists could help get more involved?.

F I guess what I would like to see is an example of what happened today. Erm because I'm the only counselling psychologist on this team everyone else is a clinical psychologist I think people forget that sometimes and there is a difference, and I think there is a difference in terms of who you are linked in with as well. This morning... we have a psychology meeting once a month but it's very much about clinical psychology linking with the local university and their training course and us providing them with placements. What happened this morning someone came to visit, and erm from the course er from the local training course about placements, I just... I actually got held up on the motorway and I was so close to the end of the meeting I decided not to go in it, but I think even if I had been in on time it would have felt a little bit pointless. I'm not linked in with that system, than it made me think what would help counselling psychologist would be to have more links with the universities to have more... maybe if I was offering placements regularly I would feel more linked in but again it's been hard to get off the ground, I tried about three times to get it off the ground and it's really hard. I guess I was thinking if there was more linking in, generally with the universities, about offering placements and supervision and then more dialogue

about training and networks and so on... but the whole thing
with clinical feels very tight, they have this tight system,
and the whole thing is linked together whereas we
have no linking at all.

AR What do you think the difficulty is around that?

F Erm I mean again partly the large number of different er specialities
that people go into in counselling psychology but then again
clinical psychologists do that too, perhaps less people go
into NHS jobs in proportion to clinical people who have come
out of their training, so less need to be linked in. I don't
know if there is anything else that would be causing that,
I think the other thing is small again! Smaller pool of people,
smaller number of people who are counselling psychologists
then they are clinical, and you don't have those... the Division
of Counselling Psychology is one, my understanding of the Division
of Clinical Psychology it's got lots of different bits to it,
depending on what speciality you work in, there is more linking
in there to specialist groups, so you know I could link more
with the university but I might not be linking in with people
working with children it's not as transparent as that actually.
As well as being a member of BPS I am a member of counselling
psychology and clinical psychology I want to keep a link between
the two of them, I'm also a member of the Faculty of Children
and Young People, which is part of BPS but not, I'm not sure
of the Division of Counselling Psychology and now it's a body
on its own, and you don't have to be a member of the Division
of Clinical Psychology now to be a member of the Faculty of
Children and Young People so it's becoming a separate thing
but again that really is mainly I would say 95 plus percent

clinical psychologists in the faculty so if we had more counselling psychologists in there it might help. It's about finding them and creating a network, which is really hard to do. Erm and again I think you know I had quite a lot of thoughts this year trying to get a trainee again, like I said I have tried two or three times. A course come out and assess the place and then you know I had people ringing me interested, you know, people come to an interview erm and then and then they turned it down, erm coz they found other placements closer to them and so on. So it feels like a real battle and yes probably something I could address and put a huge amount of effort into it but I haven't got the time, so you know that is a problem and I think that is impacting then on career progression because it isn't as easy to link in, and having a trainee is an important part of actually moving on in terms of career prospects and taking on responsibilities. I have supervised before, I supervised a clinical before. I can do that and they allow you to do that as long as you're supervised by clinical psychologists but I'm not part of that system, and the whole thing I didn't go through, it's not my training, so it felt quite alien doing placement reviews and the language they have around it. So it's not something I want to repeat actually.

AR What do you sense might be different about your own role compared with the clinical psychologists who work in CAMHS? And what do you believe to be the same or similar?

F In terms of day to day job I would say nothing. I think the differences are more to do with the training, erm and my sense from the training is that counselling psychologists start off more skilled in doing therapy in this setting but on the other

hand less skilled about the different problems that children have and the research behind that. I guess it depends on your motivation to learn about it on your training, and whether you have had placements with children. I felt I came from my training with a lot of knowledge coz I worked with children for about a year of my training, erm and done a huge amount of hours and a lot of reading, but someone else may have done comparatively little, so your starting from different points as well but I think you know actually the day to day job it's not evident of any difference at all and that creates a problem because people don't recognise there is a difference and the difference between linking them into a system, erm what I said to you from my colleagues in clinical psychology all they have to do to get a trainee is to answer an email to say yes I would like a trainee. What I have to do to get a trainee can take months. So it's accessibility that and being able to link in and network is a big issue actually, so... (pause)

AR I was wondering in what way, if any, do you feel working with children has an effect on your identity as a counselling psychologist?

F Erm I don't think it changes my professional identity really coz I think erm I guess there is something for me about when you work with children and perhaps making it I guess you know there is more an element of play and getting down to their level and so on, you know perhaps slightly less of a professional business sense about it, that children wouldn't relate to that so you don't tend to do it. But then again a lot of the time I'm working with adults coz I'm working with their parents, even with adults it's important that you able to relate to people, so you know erm in the manner of what you wear, in

terms of how you come across as a professional. erm I think that doesn't necessarily have to be very formal so that's no different really, erm but I think erm in terms of kind of identity in terms of outside, I would... there are two sides to it really as far as I can see because I think it would be possibly be easier to be linking in with other counselling psychologists in the universities and so on if I was working with adults, it flows better it fits better with the training and so on but then on the other side of the coin, I think well there is more of them and actually if I put some effort into it, if I wanted to have an identity that people knew who I was sort of thing, on that level it would be easier to do because there is not that many of us. So it's kind of double edged... erm...much more a battle once you get there but you get more recognised than otherwise...(*pause*)

AR How does being the only counselling psychologist in the CAMHS team affect your identity? Do you more closely link with clinical psychologists or does it make you feel much more differentiated?

F Erm, I feel there are times if I don't do anything if I'm quite passive about it I probably would link in with them better or link in with them more, because the alternative requires more effort, I don't necessarily think that is a good thing, I think errrr... erm you know if you bare in my mind, it's always been in my mind how I came into this job because it was advertised as a clinical psychology post and I came here in 2001, so it's quite a while ago now. When it was advertised it was advertised as a clinical job and erm I applied for it and human resources wouldn't allow it, the team wanted to interview

me and human resources wouldn't allow me too because I wasn't a clinical psychologist even though I fitted the job description, my training fitted the job description, they had to re-advertise it as a clinical or counselling psychology post before they could then interview me and errr and I think erm, that started I think at that point in time, there were less posts being advertised it was much more about clinical jobs and we could apply to them and we had to make a case, and I think I saw... it's quite funny about people's perceptions of it, because I erm... my perception was, coz I knew I wasn't the only person being interviewed that day, erm my perception was that the other people must have been counselling psychologists.. how could I have beaten a clinical psychologist at this job... erm and it's interesting that I have that perception erm and one of my colleagues was on the interview panel erm and I mean it's quite awhile after and I had been here a long time and we were having a conversation about this and she said 'But you know I was on the panel and I know who else was being interviewed and I know you beat a lot of clinical psychologists.' But my perception all the time is that other clinical psychologists don't think we are as good.. erm and that's in every setting not just in this one, erm.. so it's about fighting your corner to a point... erm.. and I think... so that's why I say that I kind of... I guess the thing that happened prior to that, I applied somewhere else in this trust and it was the most horrendous interview ever and this woman erm just, you know, she... at the end of the interview she just said to me, erm...'why don't you go back and do'... I mean she had been quite condensing

in the interview and she didn't think much about counselling psychologists, at the end of the interview she said something about going back and doing clinical psychology training and it would only be three more years and half a cut on my salary. I was in my last year of counselling psychology and I was already in a graded post on a slightly lower salary, and she said it would only be three more years and half a cut in my salary. I was so flabbergasted, I didn't quite know what to say to her, she called me the following day to tell me I hadn't got the job, we had quite an argument and I got quite angry with her, so much so... it was such a significant event that someone else who was on the interview panel I didn't see him again till after 18 months, the first time he had seen me he asked me about it, that was 18 months later. It was that kind of strong, erm so you know I think it is still about, perhaps not as obviously, but there is an undercurrent of that and that's why I say, I say to Russell... I saw him a couple of weeks ago, I would like us to meet again as counselling psychologists, we used to regularly, and there are more of them up there, erm and erm you know and I think I need that kind of back up because otherwise it's easy to mould into clinical but you're not really part of that system so that doesn't work, so when we meet as counselling psychologists I feel a bit more empowered and actually that reminds me that I have an identity and I am not a clinical psychologist, and I very passively didn't want to be, erm so yeah that's actually very important and I think it's doing things like that and making the effort to do things like that, protect my professional identity again, it's again all about linking in and networking I think.. mmm

and..

AR If you were to sum up your counselling psychologist identity, what words would you use to describe yourself as a counselling psychologist rather than a clinical?

F Something about independence I don't know why I think that, but there is something about having more independence and more freedom and being less rule bound by an organisation, having more creativity and flexible thinking I don't know where these words are coming from, I think it's partly to do with my thoughts when I was deciding what to do and the attraction of counselling psychology, it felt like there was more flexibility about job opportunities. It's not such an expectation that you qualify as a clinical psychologist and work in the NHS, erm and no not all clinical psychologists do that anyway erm, but you know so I like the freedom, being CP but then freedom comes with price of lack of coherence and harder to network and perhaps feeling a bit more isolated. Erm so you know I think the things that attracted me to it and still attract me to it and wouldn't want to change, it's trying to still have that independence whilst being able to link in and making the effort to link in...

AR How do you believe you are perceived by other professionals on your team? Do they view you as a counselling psychologist, or as having a different role?

F I don't know it's not really something we discuss, but I think it's something that gets forgotten, and sometimes I have to remind people if they are talking about the team and saying yes we have clinical psychologists and I add counselling psychologists...

there is quite a lot of that, I think people forget, erm, we have family therapists, psychiatrists, social workers in our team. I guess the difference is I'm still a psychologist so not that different but then I am different, so it's not as distinct erm as a psychologist and social workers. I think that's part of the problem, and also I mean as I have argued as well, that more recently people are erm talking about applied psychologists rather than clinical, counselling, health psychologists and so on, and whilst I think that's a good thing in terms of job opportunities, I wouldn't want to sacrifice my identity. Yeah, the other thing that comes to mind is what is really helpful, I haven't been for quite a while now but going to the annual conference. I remember it was a few years ago and when it was in London, the conference for counselling psychology, it wasn't that rich in presentations but what it was rich in was a kind of, coming together and talking a lot about identity and it felt like a rally really, erm, whether it was meant for that I don't know, but I came away feeling like this is who I am and this what I wanted to do, and this is the people who I again linked in with. If you don't put the effort in you lose the momentum from occasions like that...

AR Is there anything else you think I should know about in order to help me gain further understanding of your experience of working with children as a counselling psychologist?

F No I don't think so.

AR Ok, thank you.